

RECEIVED
JUN - 4 2020
BY MAIL

United States District Court
District of Missouri
Eastern Division

United States of America,

Plaintiff,

vs.

Case No: 4:14 cr 00364JAR

Damon Williams,

Defendant.

MOTION FOR COMPASSIONATE RELEASE
UNDER 18 USC §3582(c)(1)(A)(i)

NOW COMES Defendant, Damon Williams, Pro Se, to respectfully ask the Honorable John A. Ross to liberally consider (A) this request for compassionate release.

I. INTRODUCTION/JURISDICTION

In late 2018, Congress passed the First Step Act, part of which transformed the process for compassionate release under 18 USC §3582(c)(1)(A). See PL 115-391, 132 Stat. 5194, at §603 (December 21, 2018). Prior to Congress passing the First Step Act, the process for compassionate release under §3582 (c)(1)(A) had the US Sentencing Commission set the criteria for resentencing relief under §3582(c), and the way a sentencing court could reduce a sentence was if the Director of the Federal Bureau of Prisons initiated and filed a motion in the sentencing court. If such motion was filed, the sentencing court could then decide where the reduction was justified by "extraordinary and compelling reasons" and was consistent with applicable policy statements issued by the Sentencing Commission. So, even if a federal prisoner qualified under the

Commission's definition of "extraordinary and compelling reasons", without the BOP Director's filing a motion, the sentencing court had no authority to reduce the sentence, and the prisoner was unable to secure a sentence reduction. This process meant that, practically, the BOP Director both initiated the process and set the criteria for whatever federal prisoner's circumstances the Director decided to move upon. The passage of the First Step Act now permits this Court "upon motion of the defendant", 18 USC §3582(c)(1)(A), to consider a Motion for Compassionate Release. Once the defendant files a motion, a court may, after considering the 18 USC §3553 (a) factors, resentence a defendant, if the court finds that "extraordinary and compelling reasons warrant a reduction." Id. Any reduction of sentence that a court orders must also be "consistent with applicable policy statements by the Sentencing Commission." Id. The effect of these new changes is to allow this Court the ability to move on a prisoner's compassionate release application even in the fact of BOP opposition and reduce Damon Williams sentence to time served or in the alternative to immediately move the petitioner to home confinement.

II. STATEMENT OF FACTS

(A). Conviction and Sentencing

Damon Williams was charged with Felon in Possession of a Firearm in violation of 18:922(G)(1) & Armed Career Criminal 18:924(E)(1). He plead guilty on March 01, 2018 and was sentenced to 90 months imprisonment.

(B). All post-sentencing remedies have been satisfied and there is nothing outstanding within the courts.

(C). As of this filing, Damon Williams has a release date of July 03, 2023, he has completed 42.9% of his sentence and has accrued an additional 162 days of Good Time Credit for a total of 38 months, 2 days. The BOP has determined his current Home Detention Eligibility date to be approximately January 03, 2023.

(D). Damon Williams has worked to complete many BOP RPP classes and numerous

drug treatment programs. He has complied with the numerous rules and requirements of incarceration and has not engaged in violence or actions that would warrant discipline reports. (Exhibit A and B).

(E). Damon Williams has worked and earned his placement at the Federal Prison Camp in Duluth, MN. This camp is a community custody facility without fences or cells. As described in Black's Law Dictionary: "A prison camp is a facility for trustworthy inmates."

(F). Damon Williams has been evaluated and scored by the BOP on a number of variables resulting in his receiving a Custody Classification Variance Score of minimum. His classification also includes the following areas and scores:

- * Public Safety: None
- * Escapes: None
- * Violence: None
- * Living Skills: Good
- * Program Participation: Good
- * Discipline Reports: None
- * Family Communication: Good
- * Custody Scored: Minimum
- * Custody: Out
- * Consider: Decrease

(G). The BOP details each inmate's score and gathers those on a BP-338. The Base and Custody Scores are used together where it concludes on page two: "If Custody Variance is in the (-) range, consider a decrease."

Damon Williams is scored: Decrease.

(H). The next "decrease" level of incarceration after camps is Home Confinement. Home Confinement is not a release from custody, but a reclassification of one's place of incarceration. The inmate is always under Federal authority and if a violation occurs while on Home Confinement, such placement may be

III. CRITERIA FOR REDUCTION

Under both the stature and the separation of powers, the sentencing judge should be the sole determiner, with all the facts of the sentencing decisions related to the offense and public safety. Setzer v. United States, 132 S. Ct. 1470-71 (2012). (The Bureau is not charged with applying §3553(a)... it is much more natural for a judge to apply the §3553(a) factors... than it is for some such decision to be made by a judge... and others by the Bureau of Prisons"). Id. "It has been uniform and constant in the federal jurisdiction for the sentencing judge to consider every convicted person as an individual and every case as a unique study in the human failings that sometimes mitigate, sometimes magnify, the crime and punishment to ensue." Koon v. United States, 518 U.S. 81, 113, 116, S. Ct 2035, 135 L.Ed 2d 392 (1996).

Evidence of post-sentencing rehabilitation may be lightly relevant to "the history and characteristics of the defendant." §3553(a)(1) such evidence may also be pertinent to "the need for the sentence imposed" to serve the general purposes of sentencing set forth in §3553(a)(2)- in particular, to "afford adequate deterrence to criminal conduct, protect the public from further crimes of the defendant", and "provide the defendant with needed educational and vocational training... or other correctional used in the most effective manner." §3553(a)(2)(B)-(D), Pepper v. United States, 131 S.Ct. 1229 (2011).

IV. LAW & ARGUMENT

The First Step Act of 2018 focuses on rehabilitation, reintegration and sentence reduction. Further, recent memorandum by Attorney General, William Barr, due to the coronavirus epidemic have broadened several statutory provisions allowing the BOP to place vulnerable inmates in Home Confinement by "relaxing" the 10% or 6 month requirement under 18 USC 3624(c)(2) Cares Act and to consider as a "National Emergency" as "extraordinary and compelling reasons" to consider both sentence reduction and or placement in home confinement pursuant to 18 USC 3582

(c)(1)(A). The effect of these new changes is to allow this Court the ability to move on a prisoner's compassionate release application and reduce the sentence of Damon Williams to time served or to order that the remaining time be served on home confinement.

Reintegration of inmates back to society through the transfer of prerelease custody or supervised release includes substantial current-day real tax dollar savings. This continues with the avoidance of deferral of future construction, acquisition or operation costs.

Inmates that have partaken in numerous and continual educational activities can be considered for transfer to Home Confinement as it has been proven educational classes reduce rates of recidivism.

Damon Williams has been determined by the Bureau of Prisons to be "no substantial risk of engaging in criminal conduct or of endangering any person if released to Home Detention." Further, "the inmate cannot have escaped or attempted to escape from a Bureau of Prisons institution." (BOP Policy Manual). Damon William's scoring shows that he meets these requirements. (**Exhibit C**).

Placement in Home Confinement would provide Damon Williams an opportunity to assume increasing levels of responsibility while providing: "Sufficient restrictions to promote community safety and convey the sentencing value of the sentence." (BOP Program Statement 7320.01, Home Confinement).

Damon Williams is ready to assume additional levels of responsibility by taking care of the needs of himself and his family. Being placed on Home Confinement would allow Damon Williams to work, pay taxes and be a productive member of his community, from being a "tax drain" to that of a contributor. Damon Williams has a release plan which is attached to this motion.

V. CONCLUSION

Damon Williams has health conditions which are documented by the BOP medical staff and included with this motion. These serious health conditions

which include High blood pressure, Sarcoidosis of lungs, Pre-diabetes and Heart arrhythmia greatly increase risk of death if Damon were to contract the corona-virus. The Bureau of Prisons official count of inmates with Covid-19 is underestimated. Of the 2700 tests performed, nearly 2000 inmates, over 70% were positive. The BOP can not keep the inmates safe. Further, the BOP refuses to implement the directives from the Attorney General, William Barr. The BOP is not doing enough to adequately protect the BOP staff and inmates from the spread of Covid-19. Damon has a "release plan" that includes family, employment and doing what is expected of a productive tax paying citizen. He has been an inmate in "good standing" throughout his entire incarceration and this speaks to the character of the man. He has worked to improve himself and humbly asks for this reduction to allow him to rejoin his family and community. In the alternative, Damon Williams asks for special consideration due to "extraordinary and compelling reasons", ie Covid-19, and to be reclassified to Home Confinement.

VI. PRAYER

Damon Williams seeks to serve the remainder of his sentence on Home Confinement or any other consideration this Court may deem fair and just.

VII. CERTIFICATION

I certify pursuant to 28 USC §1746 that the foregoing is true and correct to the best of my knowledge and belief.

Damon D. Williams
Damon D. Williams
Federal Prison Camp- Duluth
P.O. Box 1000
Duluth, MN 55814-1000

05-31-2020
Date.

Footnote: Page 1, (A) - Defendant urges the Court to construe this pleading liberally in accordance with the provisions contained with *Hanes v. Kerner*, 404 US 519, 520 (1972).

RECEIVED

May 4, 2020

United States District Court
Eastern District of Missouri
111 S. Tenth Street
St. Louis, MO 63102

RE: Case No. 4:14 cr 00364JAR, Motion for Compassionate Release.

Dear Clerk of Courts:

Enclosed for filing at your earliest convenience, please find the following documents:

- 1). Motion for Compassionate Release.
- 2). Exhibits A, B, C.
- 3). Medical Report.
- 4). Release Plan.

Your anticipated cooperation is greatly appreciated.

Sincerely:


Damon D. Williams, 4666I-044
Federal Prison Camp- Duluth
P.O. Box 1000
Duluth, MN 55814-1000

TRULINCS 46661044 - WILLIAMS, DAMON DEANDRE - Unit: DTH-M-A

FROM: 46661044
TO: Associate Warden
SUBJECT: ***Request to Staff*** WILLIAMS, DAMON, Reg# 46661044, DTH-M-A
DATE: 04/29/2020 11:44:51 AM

To: Warden Birkholtz
Inmate Work Assignment: landscape

PETITION

Please consider this electronic email a petition under the first step act , & all other like

My name is Damon Williams #46661-044

I request that his honor , warden Birkholtz consider me for a compassionate release

My reason for this release are medical , to wit , abnormal heart rhythm , high blood pressure , sarcoidosis of lung and pre-diabetes

my remaining time left on my sentence is 31 months till home confinement date of 01/03/23

and all other rule and regulation available to me under law or equity

please reply within 30 days as per FSA

thank you

Damon Williams #46661-044

TRULINCS 46661044 - WILLIAMS, DAMON DEANDRE - Unit: DTH-M-A

FROM: Health Services
TO: 46661044
SUBJECT: RE:***Inmate to Staff Message**
DATE: 03/31/2020 10:02:02 AM

You will be placed on the callout once the requested records are ready for you. HIV-related health records will not be included. You are able to set up a time to come to medical and view that information but copies cannot be provided while in custody. Your other options if you want HIV-related records are to request the records from BOP.gov once you are released under the FOIA link on that website, or you may forward the information to a third party by authorizing a disclosure in writing. Watch the callouts!

>>> ~^!"WILLIAMS, ~^!DAMON DEANDRE" <46661044@inmatemessage.com> 3/29/2020 2:29 PM >>>

To: medical records
Inmate Work Assignment: landscape

I am requesting all medical records from BOP and from visits at St. Luke's hospital Duluth MN

DTHC5 540*23 *
PAGE 001 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 04-29-2020

* 04-29-2020
* 17:11:07

REGNO...: 46661-044 NAME: WILLIAMS, DAMON DEANDRE

FBI NO.....: 993913NA9 DATE OF BIRTH: 08-09-1976 AGE: 43
ARS1.....: DTH/A-DES
UNIT.....: RDAP QUARTERS....: M03_201U
DETAINERS....: NO NOTIFICATIONS: NO

HOME DETENTION ELIGIBILITY DATE: 01-03-2023

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.
THE INMATE IS PROJECTED FOR RELEASE: 07-03-2023 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 010 -----

COURT OF JURISDICTION.....: MISSOURI, EASTERN DISTRICT
DOCKET NUMBER.....: 4:14CR00364-2 JAR
JUDGE.....: ROSS
DATE SENTENCED/PROBATION IMPOSED: 03-01-2018
DATE COMMITTED.....: 06-06-2018
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
PROBATION IMPOSED.....: NO

| | FELONY ASSESS | MISDMNR ASSESS | FINES | COSTS |
|-----------------|---------------|----------------|-----------------|---------|
| NON-COMMITTED.: | \$100.00 | \$00.00 | \$00.00 | \$00.00 |
| RESTITUTION...: | PROPERTY: NO | SERVICES: NO | AMOUNT: \$00.00 | |

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE....: 137 18:922(G) FIREARMS,3 PRI CNV
OFF/CHG: 18:922(G) (1)&18:924(E) (1):FELON IN POSSESSION OF A FIREARM
ARMED CAREER CRIMINAL

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
SENTENCE IMPOSED/TIME TO SERVE.: 90 MONTHS
TERM OF SUPERVISION.....: 3 YEARS
DATE OF OFFENSE.....: 09-27-2014

G0002

MORE PAGES TO FOLLOW . . .

DTHC5 540*23 *
PAGE 002 OF 002 *

SENTENCE MONITORING
COMPUTATION DATA
AS OF 04-29-2020

* 04-29-2020
* 17:11:07

REGNO..: 46661-044 NAME: WILLIAMS, DAMON DEANDRE

-----CURRENT COMPUTATION NO: 010 -----

COMPUTATION 010 WAS LAST UPDATED ON 01-10-2020 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 04-18-2018 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
CURRENT COMPUTATION 010: 010 010

DATE COMPUTATION BEGAN.....: 03-01-2018

TOTAL TERM IN EFFECT.....: 90 MONTHS

TOTAL TERM IN EFFECT CONVERTED...: 7 YEARS 6 MONTHS

EARLIEST DATE OF OFFENSE.....: 09-27-2014

| | | |
|-------------------|------------|------------|
| JAIL CREDIT.....: | FROM DATE | THRU DATE |
| | 09-27-2014 | 11-14-2014 |
| | 03-30-2017 | 02-28-2018 |

TOTAL PRIOR CREDIT TIME.....: 385

TOTAL INOPERATIVE TIME.....: 0

TOTAL GCT EARNED AND PROJECTED..: 405

TOTAL GCT EARNED.....: 162

STATUTORY RELEASE DATE PROJECTED: 07-03-2023

EXPIRATION FULL TERM DATE.....: 08-11-2024

TIME SERVED.....: 3 YEARS 2 MONTHS 19 DAYS

PERCENTAGE OF FULL TERM SERVED..: 42.9

PROJECTED SATISFACTION DATE.....: 07-03-2023

PROJECTED SATISFACTION METHOD...: GCT REL

REMARKS.....: 01-10-20:GCT UPDATED PURSUANT TO FSA.JDB/T

G0000 TRANSACTION SUCCESSFULLY COMPLETED

DTHC5 606.00 * MALE CUSTODY CLASSIFICATION FORM * 05-06-2020
 PAGE 001 OF 001 17:53:03

(A) IDENTIFYING DATA

REG NO...: 46661-044 FORM DATE: 05-06-2020 ORG: DTH
 NAME....: WILLIAMS, DAMON DEANDRE

MGTV: NONE

PUB SFTY: NONE MVED:

(B) BASE SCORING

| | |
|-----------------------------------|------------------------------------|
| DETAINER: (0) NONE | SEVERITY.....: (3) MODERATE |
| MOS REL.: 37 | CRIM HIST SCORE: (02) 2 POINTS |
| ESCAPES.: (0) NONE | VIOLENCE.....: (0) NONE |
| VOL SURR: (0) N/A | AGE CATEGORY...: (2) 36 THROUGH 54 |
| EDUC LEV: (0) VERFD HS DEGREE/GED | DRUG/ALC ABUSE.: (1) <5 YEARS |

(C) CUSTODY SCORING

| | |
|-------------------------------|---------------------------|
| TIME SERVED.....: (4) 26-75% | PROG PARTICIPAT: (2) GOOD |
| LIVING SKILLS...: (1) AVERAGE | TYPE DISCIP RPT: (5) NONE |
| FREQ DISCIP RPT.: (3) NONE | FAMILY/COMMUN..: (4) GOOD |

--- LEVEL AND CUSTODY SUMMARY ---

| BASE CUST VARIANCE | SEC TOTAL | SCORED LEV | MGMT SEC | LEVEL | CUSTODY | CONSIDER |
|--------------------|-----------|------------|----------|---------|---------|--------------|
| +8 | +19 | -3 | +5 | MINIMUM | N/A | OUT DECREASE |

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

DTHA9 *
PAGE 001 OF 001 *INMATE EDUCATION DATA
TRANSCRIPT* 05-21-2020
* 13:51:49REGISTER NO: 46661-044 NAME..: WILLIAMS
FORMAT.....: TRANSCRIPT RSP OF: DTH-DULUTH FPC

FUNC: PRT

----- EDUCATION INFORMATION -----

| FACL ASSIGNMENT DESCRIPTION | | START DATE/TIME | STOP DATE/TIME |
|-----------------------------|-------------------------------------|-----------------|----------------|
| DTH | ESL HAS ENGLISH PROFICIENT | 06-06-2018 1413 | CURRENT |
| DTH | GED HAS COMPLETED GED OR HS DIPLOMA | 06-06-2018 1421 | CURRENT |

----- EDUCATION COURSES -----

| SUB-FACL | DESCRIPTION | START DATE | STOP DATE | EVNT | AC | LV | HRS |
|----------|--------------------------------|------------|------------|------|----|----|-----|
| DTH RDAP | VT CARPENTRY LSC | 10-01-2019 | CURRENT | | | | |
| DTH RDAP | ACE ENGINEERING AN EMPIRE | 01-13-2020 | 03-20-2020 | P | C | P | 10 |
| DTH RDAP | RPP 3 REENTRY PERSONAL FINANCE | 01-13-2020 | 03-20-2020 | P | C | P | 10 |
| DTH RDAP | ACE OXFORD STYLE OF DEBATE | 01-13-2020 | 03-20-2020 | P | C | P | 10 |
| DTH RDAP | RPP 6 REENTRY POSITIVE ATTITUD | 01-13-2020 | 03-20-2020 | P | C | P | 10 |
| DTH RDAP | WELLNESS RPP1 HEALTH & NUTRIT | 01-13-2020 | 03-20-2020 | P | C | P | 10 |
| DTH RDAP | ACE RESIDENTIAL ELECTRICAL WIR | 01-13-2020 | 03-20-2020 | P | C | P | 20 |
| DTH RDAP | CRIMINAL JUSTICE & SOCIETY | 09-06-2019 | 12-20-2019 | P | C | P | 36 |
| DTH RDAP | RPP 2 REENTRY BASIC TYPING | 09-30-2019 | 12-20-2019 | P | C | P | 20 |
| DTH RDAP | RPP 2 REENTRY COMP TUTORIALS | 09-30-2019 | 12-20-2019 | P | C | P | 20 |
| DTH RDAP | ACE RESTORATIVE PRACTICES | 10-07-2019 | 12-16-2019 | P | C | P | 20 |
| DTH RDAP | ACE PROJECT MANANAGEMENT | 09-30-2019 | 12-20-2019 | P | C | P | 10 |
| DTH RDAP | ACE CRYPTOCURRENCY | 09-30-2019 | 12-20-2019 | P | C | P | 10 |
| DTH RDAP | REAL ESTATE PROCESS BORROWING | 07-15-2019 | 09-27-2019 | P | C | P | 10 |
| DTH RDAP | MATH LAB FOR THE TRADES | 08-27-2019 | 09-27-2019 | P | C | P | 28 |
| DTH RDAP | RPP 3 CREDIT & CONSUMER ISSUES | 07-16-2019 | 09-27-2019 | P | C | P | 10 |
| DTH RDAP | INVEST IN MULTIFAMILY HOUSING | 07-16-2019 | 09-27-2019 | P | C | P | 10 |
| DTH RDAP | ENTREPRENEURSHIP 101 | 07-18-2019 | 09-27-2019 | P | C | P | 10 |
| DTH RDAP | START EBAY BUS & CREDIT BLDG | 07-15-2019 | 09-27-2019 | P | C | P | 10 |
| DTH | RPP1 HIV AWARENESS VIDEO | 06-19-2019 | 06-19-2019 | P | C | P | 1 |
| FOR | HVAC 6-7P T | 01-07-2019 | 03-19-2019 | P | C | P | 10 |
| FOR | FINANCIAL INVESTING 6-7P W | 01-08-2019 | 03-19-2019 | P | C | P | 10 |
| FOR | CDL TRUCK 6-7P M | 01-07-2019 | 03-18-2019 | P | C | P | 10 |
| FOR | HOME DESIGN 6-8P T | 01-08-2019 | 03-19-2019 | P | C | P | 10 |
| FOR | MOCK JOB FAIR 12-1P WCORE 2 | 06-19-2018 | 09-11-2018 | P | C | P | 10 |

G0000

TRANSACTION SUCCESSFULLY COMPLETED

MALE PATTERN RISK SCORING

| Register Number: | 46661-044 | | 5/6/2020 | | |
|--|--|-----------------------------|----------------------|--------------------|----------------------|
| Inmate Name: | WILLIAMS | | | | |
| MALE RISK ITEM SCORING | | CATEGORY | GENERAL SCORE | Enter Score | VIOLENT SCORE |
| 1. Current Age | 41-50 Click on gray dropdown box to select, then click on dropdown arrow | > 60 | 0 | 14 | 0 |
| | | 51-60 | 7 | | 4 |
| | | 41-50 | 14 | | 8 |
| | | 30-40 | 21 | | 12 |
| | | 26-29 | 28 | | 16 |
| | | < 26 | 35 | | 20 |
| 2. Walsh w/Conviction | No | No | 0 | 0 | 0 |
| | | Yes | 1 | | 0 |
| 3. Violent Offense (PATTERN) | No | No | 0 | 0 | 0 |
| | | Yes | 5 | | 5 |
| 4. Criminal History Points | 2 - 3 Points | 0 - 1 Points | 0 | 8 | 0 |
| | | 2 - 3 Points | 8 | | 4 |
| | | 4 - 6 Points | 16 | | 8 |
| | | 7 - 9 Points | 24 | | 12 |
| | | 10 - 12 Points | 32 | | 16 |
| | | > 12 Points | 40 | | 20 |
| 5. History of Escapes | None | None | 0 | 0 | 0 |
| | | > 10 Years Minor | 2 | | 1 |
| | | 5 - 10 Years Minor | 4 | | 2 |
| | | < 5 Years Minor/Any Serious | 6 | | 3 |
| 6. History of Violence | None | None | 0 | 0 | 0 |
| | | > 10 Years Minor | 1 | | 1 |
| | | > 15 Years Serious | 2 | | 2 |
| | | 5 - 10 Years Minor | 3 | | 3 |
| | | 10 - 15 Years Serious | 4 | | 4 |
| | | < 5 Years Minor | 5 | | 5 |
| | | 5 - 10 Years Serious | 6 | | 6 |
| 7. Education Score | HS Degree / GED | Not Enrolled | 0 | -4 | 0 |
| | | Enrolled in GED | -2 | | -1 |
| | | HS Degree / GED | -4 | | -2 |
| 8. Drug Program Status | No DAP Completed | No DAP Completed | 0 | 0 | 0 |
| | | NRDAP Complete | -3 | | -1 |
| | | RDAP Complete | -6 | | -2 |
| | | No Need | -9 | | -3 |
| 9. All Incident Reports (120 months) | 0 | 0 | 0 | 0 | 0 |
| | | 1 | 1 | | 1 |
| | | 2 | 2 | | 2 |
| | | > 2 | 3 | | 3 |
| 10. Serious Incident Reports (120 months) | 0 | 0 | 0 | 0 | 0 |
| | | 1 | 2 | | 2 |
| | | 2 | 4 | | 4 |
| | | > 2 | 6 | | 6 |
| 11. Time Since Last Incident Report | 12+ months or no incidents | 12+ months or no incidents | 0 | 0 | 0 |
| | | 7-12 months | 2 | | 1 |
| | | 3-6 months | 4 | | 2 |
| | | <3 | 6 | | 3 |
| 12. Time Since Last Serious Incident Report | 12+ months or no incidents | 12+ months or no incidents | 0 | 0 | 0 |
| | | 7-12 months | 1 | | 2 |
| | | 3-6 months | 2 | | 4 |
| | | <3 | 3 | | 6 |
| 13. FRP Refuse | NO | NO | 0 | 0 | 0 |
| | | YES | 1 | | 1 |
| 14. Programs Completed | 4 - 10 | 0 | 0 | -6 | 0 |
| | | 1 | -2 | | -1 |
| | | 2 - 3 | -4 | | -2 |
| | | 4 - 10 | -6 | | -3 |
| | | > 10 | -8 | | -4 |
| 15. Work Programs | 0 Programs | 0 Programs | 0 | 0 | 0 |
| | | 1 Program | -1 | | -1 |
| | | >1 Program | -2 | | -2 |
| Total Score (Sum of Columns) | | | General: | 12 | Violent: |
| General/Violent Risk Levels | | | General: | Low | Violent: |
| | | | | Minimum | |
| OVERALL MALE PATTERN RISK LEVEL | | | Low | | |

Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note

| | | | |
|----------------|-------------------------|-----------|-----------------------|
| Inmate Name: | WILLIAMS, DAMON DEANDRE | Reg #: | 46661-044 |
| Date of Birth: | 08/09/1976 | Sex: | M Race: BLACK |
| Note Date: | 07/23/2019 13:04 | Provider: | Rice, Benjamin MD, CD |
| | | Facility: | DTH |
| | | Unit: | E03 |

Review Note - Document Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Rice, Benjamin MD, CD

42 yo male with no significant smoking history with abnormal CXR had a chest CT which showed an 11 mm
birads 4b RLL lesion for work up.

New Consultation Requests:

| <u>Consultation/Procedure</u> | <u>Target Date</u> | <u>Scheduled Target Date</u> | <u>Priority</u> | <u>Translator</u> | <u>Language</u> |
|-------------------------------|--------------------|------------------------------|-----------------|-------------------|-----------------|
| Radiology | 08/01/2019 | 08/01/2019 | Urgent | No | |

Subtype:

(PET scan, cancer-related)

Reason for Request:

42 yo nonsmoker with abnormal CXR and subsequent chest CT showing an 11 mm RLL lesion, birads 4B

Provisional Diagnosis:

(lung cancer)

| | | | | |
|-------------|------------|------------|---------|----|
| Pulmonology | 08/06/2019 | 08/06/2019 | Routine | No |
|-------------|------------|------------|---------|----|

Subtype:

Offsite Appt

Reason for Request:

f/u after PET scan for 42 yo male with no significant smoking history , an abnormal CXR and an 11 mm RLL
birads 4b lesion

Provisional Diagnosis:

(lung cancer)

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Rice, Benjamin MD, CD on 07/23/2019 13:10

**Bureau of Prisons
Health Services
Cosign/Review**

| | | | |
|----------------|-------------------------|-----------|-----------|
| Inmate Name: | WILLIAMS, DAMON DEANDRE | Reg #: | 46661-044 |
| Date of Birth: | 08/09/1976 | Race: | BLACK |
| Scanned Date: | 02/21/2020 16:28 EST | Facility: | DTH |

Reviewed by Rice, Benjamin MD, CD on 02/24/2020 07:51.

ID: 46661-044
 Name: WILLIAMS, DAMON
 Age: 42 yr

Gender: Unknown

06/19/2019 02:10:11PM
 P/PR: 126/154 ms
 QRS: 82 ms
 QT/QTc: 384/417 ms
 P/QRS/T axis: 39/66/30 deg
 Heart rate: 71 bpm

Warning: sex not available, assumed male
 sinus rhythm
 Normal ECG
 Unconfirmed Report

PPC DULUTH

JUN 29 2019

HEALTH SERVICES
NURSING

46661 - 044



P/N 105353

ID: 48661044 Name: Williams, Damon
 DOB: 8/9/1976 (41 yr) Comments: htn
 Gender: Male

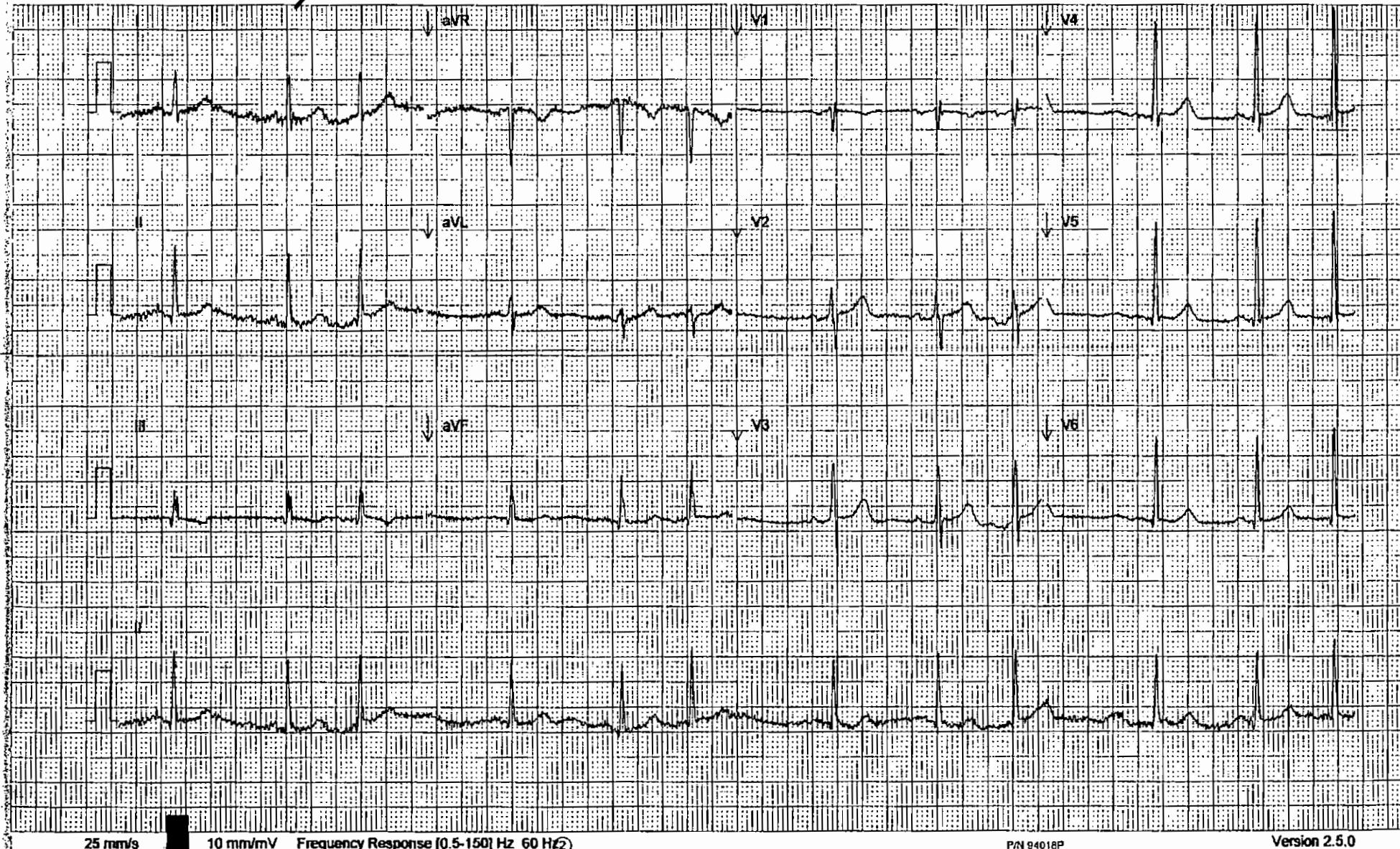
JCC-102
6/25/18 @ 1333
L4 at 201 Lystek RW

6/25/2018 13:33:58

P/PR: 128/158 ms
 QRS: 96 ms
 QT/QTc: 392/423 ms
 P/QRS/T Axis: 26/48/4 deg
 Heart Rate: 70 BPM

sinus rhythm
premature supraventricular complexes
 RSR' in V1
 Borderline ECG

Unconfirmed Report



**Bureau of Prisons
Health Services
Cosign/Review**

| | | | |
|-----------------|-------------------------|-----------|--------------------|
| Inmate Name: | WILLIAMS, DAMON DEANDRE | Reg #: | 46661-044 |
| Date of Birth: | 08/09/1976 | Race: | BLACK |
| Encounter Date: | 08/21/2018 14:44 | Provider: | Lab Result Receive |
| | | Facility: | FOR |

Cosigned by Obi-Okoye, Nwannem MD on 08/24/2018 07:53.

Patient Name: Williams,Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

Physical Exam: Gen.: Well-developed moderately overweight male, conversing and breathing easily, not in distress.
Head/ears/eyes/nose/throat: Normocephalic, atraumatic. Pupils equal, round, reactive to light.
Sclera anicteric. Conjunctiva pink. Oral cavity without visible lesion or exudates. Mallampati class 3 upper airway.
Neck: Supple, jugular veins are not distended. No cervical or supraclavicular adenopathy.
Lungs: Clear to auscultation bilaterally with normal air entry. No dullness to percussion.
Heart: Regular rhythm, normal rate, normal heart tones. No murmurs, rubs, or gallops.
Abdomen: Active bowel sounds, nontender, nondistended. No palpable organomegaly.
Genitourinary: Deferred
Rectal: Deferred
Extremities: No digital clubbing or peripheral cyanosis. No lower extremity edema.
Neurologic: Alert, oriented, normal speech and content. Facies symmetric. Strength normal and symmetric. Gait normal.
Musculoskeletal: No synovitis in the hands wrists or fingers.
Skin: Warm, dry, no rash.
Psychiatric: Mood is neutral, affect is congruent.

Results

St. Luke's Hospital

(Name: WILLIAMS,DAMON) Birthdate: 8/09/1976
(Exam date: 7/17/2019 11:26:22 MRN: MS01102740

PROCEDURE: CT LUNG SCREENING (LOW DOSE)

STUDY DATE: 7/17/2019

COMPARISON: None.

HISTORY: smoker

TECHNIQUE: Multiple contiguous axial images were obtained from the thoracic inlet through the upper abdomen without intravenous contrast enhancement.

FINDINGS:

The heart is normal in size. The aorta is normal in caliber. No mediastinal or axillary lymphadenopathy is identified. Cholelithiasis is identified. There is no CT evidence of cholecystitis. The visualized portions of the unenhanced liver, spleen, pancreas, adrenals, and kidneys are normal. Degenerative changes of the spine are identified. No lytic or blastic lesions are seen.

The lungs are clear. No infiltrate, pleural effusion, or pneumothorax is identified. Numerous pulmonary nodules are identified. In the right lung base, pleural based noncalcified pulmonary nodule is identified measuring 11 mm in size. This is best seen on image 144, series 3. Superior medial to this is a 7 mm noncalcified pulmonary nodule, best seen on image 135, series 3. More superior to this is a pleural based 3 mm noncalcified pulmonary nodule based seen on image 111, series 3. In the right upper lobe, multiple adjacent pulmonary nodules are identified. The more medial nodule measures 5 mm in size. The lateral nodule appears to be multiple small nodular densities essentially coalesced forming a soft tissue nodular density measuring 1.7 x 0.8 cm in size. This is best seen on image 103, series 3. Mild emphysematous changes are identified. In the right upper lobe, best seen on image 63, series 3 is a

PCP: Benjamin H Rice, MD
Report Number: 0821-00326

Patient Name: Williams,Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

4 mm noncalcified pulmonary nodule. In the left lower lobe posteriorly, a 7 mm noncalcified pulmonary nodule is identified, best seen on image 153, series 3.

IMPRESSION:

Bilateral noncalcified pulmonary nodules, one of which measures approximately 11 mm in size. The other of which appears to be a coalesced cluster of pulmonary nodules.

LUNG-RADS Category:4 - Suspicious
(Category 4B - Moderate suspicion for malignancy)

RECOMMENDATION:

Chest CT with or without contrast; PET CT and/or tissue sampling depending on the probability of malignancy and comorbidities. PET CT may be used when there is a greater than or equal to 8 mm solid component.

Dictated by: Harting, Kerri on 7/18/2019 at 15:21

St. Luke's Hospital
PetCT LV Building

PET CT SKULL TO THIGH

STUDY DATE: 7/30/2019

INDICATION: Patient with a history of indeterminate pulmonary nodules. Exam is being performed for staging.

TECHNIQUE: Patient received 9.5 millicuries of 18 FDG (18 fluorodeoxyglucose) intravenously. PET-CT images have been performed from the mid skull to mid thigh level 60 minutes following injection. CT images were obtained for attenuation correction and localization only.

Blood glucose level: 80 mg/dL

COMPARISON CT scan dated 07/17/2019.

[FINDINGS]

Within the chest there are multiple abnormal hypermetabolic lymph nodes identified. This includes lymph nodes along the right paratracheal region, subcarinal region, bilateral hilar region. The largest lymph nodes are in the subcarinal region which are nearly contiguous. The combined measurement is 4.8 x 1.2 cm. The SUV max is 7.1. The right hilum demonstrates a 1.8 cm lymph node with a SUV max of the 6.3. The left hilum demonstrates a 1.2 cm lymph node with a SUV max of 5.7. The right paratracheal lymph node demonstrates a 1 cm lymph node with a SUV max of 6.4. Anterior right mediastinal lymph node is identified which is sub centimeter in size with a SUV max of 4.4. The lungs demonstrate a grouping of multiple small pulmonary nodules anteriorly in the right middle lobe, image 108. The SUV max is 1.7. There is a pleural-based nodule at approximate 1 cm in the right lung base with an SUV max of both 2.8. There is a central infrahilar nodule identified on the right which is sub cm in size with an SUV max of 3.5. There is a small pulmonary nodule in the left lung base image #122 which is approximately 4-5 mm in size. The SUV max is 2.1. The other described pulmonary nodules are not well seen by today's PET-CT. No other significant abnormal uptake is seen within the lungs. The axillary regions are within normal limits. The neck demonstrates no significant abnormal uptake with symmetric salivary and oropharyngeal activity.

Mildly heterogeneous activity of the liver and spleen is identified, no focal abnormal uptake is seen. Incidental

PCP: Benjamin H Rice, MD

Report Number: 0821-00326

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

gallstone is noted. The pancreas and bilateral adrenal glands demonstrate no significant abnormal uptake. The retrocrural region and retroperitoneum demonstrate no abnormal uptake. The iliac nodal chain and groin demonstrate no significant abnormal uptake. Physiologic bowel in ureteric activity is identified. There are no suspicious skeletal lesions demonstrated. There is a right hip arthroplasty identified.

IMPRESSION:

1. Multiple abnormal hypermetabolic lymph nodes are identified throughout the mediastinum and bilateral hilar region. Largest lymph nodes are in the subcarinal region. The SUV max is 7.1. The differential diagnosis includes sarcoidosis, lymphoma, or metastatic lymph nodes.
2. There are small pulmonary nodules identified. There is a 1 cm pleural-based pulmonary nodule in the right lung base, SUV max 2.8. There is a grouping of small pulmonary nodule right middle lobe with some intermediate uptake. A few other small pulmonary nodules are noted. This is nonspecific and likely related to the process in the mediastinum.
3. No significant abnormal uptake is seen within the neck, abdomen or pelvis.
4. If tissue diagnosis is desired, the mediastinal hypermetabolic lymph nodes are the best location.

Dictated by Paul Rust, MD @ Jul 31 2019 8:52AM

A&P

Assessment & Plan

(1) Mediastinal lymphadenopathy:

Status: Acute

Code(s):

R59.0 - Localized enlarged lymph nodes.

I interviewed and examined the patient. I personally reviewed the images from his chest CT and PET scan with the patient and pointed out the findings of interest, including the enlarged hilar and mediastinal lymph nodes and the pulmonary nodules.

We discussed a differential diagnosis for the pulmonary nodules and the thoracic lymphadenopathy. Pulmonary sarcoidosis is at the top of the differential diagnosis based on the patient's history, symptoms or relative lack thereof, and radiographic findings. Lymphoma is also on the differential but seems less likely.

We discussed the natural history and diagnosis of pulmonary sarcoidosis. We discussed how the only definitive diagnosis for sarcoidosis is biopsy specimens showing noncaseating granulomatous inflammation in the absence of any infectious organisms.

To confirm a diagnosis of sarcoidosis I recommend diagnostic bronchoscopy with EBUS-guided mediastinal lymph node biopsies, and transbronchial biopsies under fluoroscopic guidance. I reviewed the risks, benefits, and alternatives to bronchoscopy and EBUS and the patient is willing to proceed.

We will draw blood today to check for an elevated serum angiotensin-converting enzyme level. We will also check a complete metabolic profile to look for any evidence of renal or hepatic involvement. If the patient has not had a complete eye exam within the last year then I recommend he have an eye exam including slit lamp exam to rule out any ocular involvement with sarcoidosis.

If bronchoscopy is done and a diagnosis of sarcoidosis is confirmed then I recommend the patient undergo a complete pulmonary function test to look for any evidence of impaired lung function, which would factor into the decision to treat or not treat the sarcoidosis with corticosteroids.

Patient Name: Williams,Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

As an alternative to tissue confirmation with bronchoscopy, these lymph nodes could also be followed over time with serial chest CTs. If bronchoscopy is not done then I recommend a follow-up chest CT approximately 3 months from the first chest CT, which would be in October 2019.

I addressed all of the patient's questions today.

Orders: Orders:

| | |
|--------------------------------------|-------|
| Comprehensive Metabolic Pnl,S | Today |
| CBC w/Auto Diff | Today |
| Angiotensin Convert Enzyme,S | Today |

Wayne A Elmer, MD
08/21/19 0721
<Electronically signed by Wayne A Elmer MD> 08/21/19 0858

PCP: Benjamin H Rice, MD
Report Number: 0821-00326



FPC DULUTH - HEALTH SERVICES

7/26/2019

#46661-044

Diagnostic Imaging
915 East First Street -- Duluth, MN 55805
Tel: 218-249-5222 -- Fax: 218-249-5112

Patient: WILLIAMS, DAMON Age: 42 Date of service: 7/17/2019

MRN: MS01102740 Location: St. Luke's Hospital Room:

Visit# VS0005065250 Attending physician: BENJAMIN H. RICE MD

Fluoro time/Tech ID: Contrast:

Name: WILLIAMS, DAMON Birthdate: 8/09/1976

Exam date: 7/17/2019 11:26:22 MRN: MS01102740

PROCEDURE: CT LUNG SCREENING (LOW DOSE)

COMPARISON: None.

HISTORY: smoker

TECHNIQUE: Multiple contiguous axial images were obtained from the thoracic inlet through the upper abdomen without intravenous contrast enhancement.

FINDINGS:

The heart is normal in size. The aorta is normal in caliber. No mediastinal or axillary lymphadenopathy is identified. Cholelithiasis is identified. There is no CT evidence of cholecystitis. The visualized portions of the unenhanced liver, spleen, pancreas, adrenals, and kidneys are normal. Degenerative changes of the spine are identified. No lytic or blastic lesions are seen.

The lungs are clear. No infiltrate, pleural effusion, or pneumothorax is identified. Numerous pulmonary nodules are identified. In the right lung base, pleural based noncalcified pulmonary nodule is identified measuring 11 mm in size. This is best seen on image 144, series 3. Superior medial to this is a 7 mm noncalcified pulmonary nodule, best seen on image 135, series 3. More superior to this is a pleural based 3 mm noncalcified pulmonary nodule based seen on image 111, series 3. In the right upper lobe, multiple adjacent pulmonary nodules are identified. The more medial nodule measures 5 mm in size. The lateral nodule appears to be multiple small nodular densities essentially coalesced forming a soft tissue nodular density measuring 1.7x 0.8 cm in size. This is best seen on image 103, series 3. Mild emphysematous changes are identified. In the right upper lobe, best seen on image 63, series 3 is a 4 mm noncalcified pulmonary nodule. In the left lower lobe posteriorly, a 7 mm noncalcified pulmonary nodule is identified, best seen on image 153, series 3.

IMPRESSION:

Bilateral noncalcified pulmonary nodules, one of which measures approximately 11 mm in size. The other of which appears to be a coalesced cluster of pulmonary nodules.

LUNG-RADS Category 4 - Suspicious
Category 4B - Moderate suspicion for malignancy.

RECOMMENDATION:

Jul/23/2019 11:58:25 AM

St. Luke's Duluth 218-249-7949

2/4

| St. Luke's Live* | Message/Task Detail | Page: 1 of 1 |
|---|---------------------------|------------------------|
| | | Date: 07/23/19 11:52 |
| | | User: Jensen,Larissa V |
| Williams,Damon 42 M 08/09/1976 | | Med Rec #: MS01102740 |
| Type: Actions/Reminders Subject: LDCT From: Jensen,Larissa V To: Jensen,Larissa V | Regarding: Williams,Damon | |
| Message Text: *** On 07/23/19 @ 11:52 Jensen,Larissa V Wrote To Jensen,Larissa V *** This patient's LDCT-Lung-Cancer-Screening on 7/17/19 had a Lung RADS score of 4B. According to our program guidelines for the Low-Dose CT Lung Cancer Screening Program, patients who have a Lung RADS score of 3 or 4 are to be referred to the Pulmonary Medicine clinic for a Consultation with a Pulmonologist. You are welcome to send us a Referral at (218)249-7949 to follow up with this patient, or if you would prefer to follow this patient yourself, please just let us know that. Thank you. Jensen,Larissa V completed item. | | |

**St. Luke's Hospital
CT**

FPC DULUTH - HEALTH SERVICES
7/23/2019
#46661-044

Name: WILLIAMS, DAMON Birthdate: 8/09/1976
Exam date: 7/17/2019 11:26:22 MRN: MS01102740

PROCEDURE: CT LUNG SCREENING (LOW DOSE)

COMPARISON: None.

HISTORY: smoker

TECHNIQUE: Multiple contiguous axial images were obtained from the thoracic inlet through the upper abdomen without intravenous contrast enhancement.

[FINDINGS:]

The heart is normal in size. The aorta is normal in caliber. No mediastinal or axillary lymphadenopathy is identified. Cholelithiasis is identified. There is no CT evidence of cholecystitis. The visualized portions of the unenhanced liver, spleen, pancreas, adrenals, and kidneys are normal. Degenerative changes of the spine are identified. No lytic or blastic lesions are seen.

The lungs are clear. No infiltrate, pleural effusion, or pneumothorax is identified. Numerous pulmonary nodules are identified. In the right lung base, pleural based noncalcified pulmonary nodule is identified measuring 11 mm in size. This is best seen on image 144, series 3. Superior medial to this a 7 mm noncalcified pulmonary nodule, best seen on image 135, series 3. More superior to this is a pleural based 3 mm noncalcified pulmonary nodule based seen on image 111, series 3. In the right upper lobe, multiple adjacent pulmonary nodules are identified. The more medial nodule measures 5 mm in size. The lateral nodule appears to be multiple small nodular densities essentially coalesced forming a soft tissue nodular density measuring 1.7 x 0.8 cm in size. This is best seen on image 103, series 3. Mild emphysematous changes are identified. In the right upper lobe, best seen on image 83, series 3 is a 4 mm noncalcified pulmonary nodule. In the left lower lobe posteriorly, a 7 mm noncalcified pulmonary nodule is identified, best seen on image 153, series 3.

IMPRESSION:

Bilateral noncalcified pulmonary nodules, one of which measures approximately 11 mm in size. The other of which appears to be a coalesced cluster of pulmonary nodules.

LUNG-RADS Category 4 - Suspicious.

Category 4B - Moderate suspicion for malignancy.

RECOMMENDATION:

Chest CT with or without contrast; PET CT and/or tissue sampling depending on the probability of malignancy and comorbidities. PET CT may be used when there is a greater than or equal to 8 mm solid component.

Please note that all CT scans at this facility use dose modulation, iterative reconstruction, and/or weight-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Dictated by: Hartling, Kerri on 7/18/2019 at 15:21

Transcribed by: HALL on 7/18/2019 at 18:33

Approved by: Hartling, Kerri on 7/19/2019 at 8:46

| | |
|----------------------|---|
| ST. LUKE'S - CT Scan | DATE OF EXAM: 07/17/19 NAME: Williams,Damon DOB: 08/09/1976 MR #: MS01102740 ACCT #: VS0005065250 DOCTOR: BENJAMIN-H RICE MD |
|----------------------|---|

Jul/23/2019 11:58:25 AM

St. Luke's Duluth 218-249-7949

4/4

NAME: Williams,Damon
DOB: 08/09/1976
MR # MS01102740

07/19/19 0646

ST. LUKE'S - CT Scan

DATE QF EXAM: 07/17/19
NAME: Williams,Damon
DOB: 08/09/1976
MR #: MS01102740
ACCT #: VS0005065250
DOCTOR: BENJAMIN H RICE MD

FPC DULUTH - HEALTH SERVICES

8/14/2019

#46661-044



Diagnostic Imaging

915 East First Street -- Duluth, MN 55805

Tel: 218-249-5222 — Fax: 218-249-5112

Patient Name:

DAMON WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M

Date: 7/30/2019 13:46

At the request of:

RICE BENJAMIN

Procedure: NM PET CT SKULL TO THIGH

PET CT SKULL TO THIGH

INDICATION:

Patient with a history of indeterminate pulmonary nodules. Exam is being performed for staging.

TECHNIQUE:

Patient received 9.5 millicuries of 18 FDG (18 fluorodeoxyglucose) intravenously. PET-CT images have been performed from the mid skull to mid thigh level 60 minutes following injection. CT images were obtained for attenuation correction and localization only.

Blood glucose level: 80 mg/dL.

COMPARISON:

CT scan dated 07/17/2019.

FINDINGS:

Within the chest there are multiple abnormal hypermetabolic lymph nodes identified. This includes lymph nodes along the right paratracheal region, subcarinal region, bilateral hilar region. The largest lymph nodes are in the subcarinal region which are nearly contiguous. The combined measurement is 4.8 x 1.2 cm. The SUV max is 7.1. The right hilum demonstrates a 1.8 cm lymph node with a SUV max of the 6.3. The left hilum demonstrates a 1.2 cm lymph node with a SUV max of 5.7. The right paratracheal lymph node demonstrates a 1 cm lymph node with a SUV max of 6.4. Anterior right mediastinal lymph node is identified which is sub centimeter in size with a SUV max of 4.4. The lungs demonstrate a grouping of multiple small pulmonary nodules anteriorly in the right middle lobe, image 108. The SUV max is 1.7. There is a pleural-based nodule at approximate 1 cm in the right lung base with an SUV max of both 2.8. There is a central infrahilar nodule identified on the right which is sub cm in size with an SUV max of 3.5. There is a small pulmonary nodule in the left lung base image #122 which is approximately 4-5 mm in size. The SUV max is 2.1. The other described pulmonary nodules are not well seen by today's PET-CT. No other significant abnormal uptake is seen within the lungs. The axillary regions are within

Continued Report - Page 2 of 2

Patient Name:
DAMON WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M
Date: 7/30/2019 13:46

At the request of:

RICE BENJAMIN

Procedure: NM PET CT SKULL TO THIGH

normal limits. The neck demonstrates no significant abnormal uptake with symmetric salivary and oropharyngeal activity.

Mildly heterogeneous activity of the liver and spleen is identified, no focal abnormal uptake is seen. Incidental gallstone is noted. The pancreas and bilateral adrenal glands demonstrate no significant abnormal uptake. The retrocrural region and retroperitoneum demonstrate no abnormal uptake. The iliac nodal chain and groin demonstrate no significant abnormal uptake. Physiologic bowel and ureteric activity is identified. There are no suspicious skeletal lesions demonstrated. There is a right hip arthroplasty identified.

IMPRESSION:

1. Multiple abnormal hypermetabolic lymph nodes are identified throughout the mediastinum and bilateral hilar region. Largest lymph nodes are in the subcarinal region. The SUV max is 7.1. The differential diagnosis includes sarcoidosis, lymphoma, or metastatic lymph nodes.
2. There are small pulmonary nodules identified. There is a 1 cm pleural-based pulmonary nodule in the right lung base, SUV max 2.8. There is a grouping of small pulmonary nodule right middle lobe with some intermediate uptake. A few other small pulmonary nodules are noted. This is nonspecific and likely related to the process in the mediastinum.
3. No significant abnormal uptake is seen within the neck, abdomen or pelvis.
4. If tissue diagnosis is desired, the mediastinal hypermetabolic lymph nodes are the best location.

Dictated by Paul Rust, MD @ Jul 31 2019 8:52AM

Signed by Dr. Paul Rust @ Jul 31 2019 8:52AM

Electronically authenticated by:

PAUL RUST



FPC DULUTH - HEALTH SERVICES

8/1/2019

#46661-044

Diagnostic Imaging
915 East First Street -- Duluth, MN 55805
Tel: 218-249-5222 -- Fax: 218-249-5112

Patient Name:
DAMON WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M
Date: 7/30/2019 13:46

At the request of:

RICE BENJAMIN

Procedure: NM PET CT SKULL TO THIGH

PET CT SKULL TO THIGH

INDICATION:

Patient with a history of indeterminate pulmonary nodules. Exam is being performed for staging.

TECHNIQUE:

Patient received 9.5 millicuries of 18 FDG (18 fluorodeoxyglucose) intravenously. PET-CT images have been performed from the mid skull to mid thigh level 60 minutes following injection. CT images were obtained for attenuation correction and localization only.

Blood glucose level: 80 mg/dL

COMPARISON:

CT scan dated 07/17/2019.

FINDINGS:

Within the chest there are multiple abnormal hypermetabolic lymph nodes identified. This includes lymph nodes along the right paratracheal region, subcarinal region, bilateral hilar region. The largest lymph nodes are in the subcarinal region which are nearly contiguous. The combined measurement is 4.8 x 1.2 cm. The SUV max is 7.1. The right hilum demonstrates a 1.8 cm lymph node with a SUV max of the 6.3. The left hilum demonstrates a 1.2 cm lymph node with a SUV max of 5.7. The right paratracheal lymph node demonstrates a 1-cm lymph node with a SUV max of 6.4. Anterior right mediastinal lymph node is identified which is sub-centimeter in size with a SUV max of 4.4. The lungs demonstrate a grouping of multiple small pulmonary nodules anteriorly in the right middle lobe, image 108. The SUV max is 1.7. There is a pleural-based nodule at approximate 1 cm in the right lung base with an SUV max of both 2.8. There is a central infrahilar nodule identified on the right which is sub cm in size with an SUV max of 3.5. There is a small pulmonary nodule in the left lung base image #122 which is approximately 4-5 mm in size. The SUV max is 2.1. The other described pulmonary nodules are not well seen by today's PET-CT. No other significant abnormal uptake is seen within the lungs. The axillary regions are within

Continued Report- Page 2 of 2

Patient Name:
DAMON WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M
Date: 7/30/2019 13:46

At the request of:

RICE BENJAMIN

Procedure: NM PET CT SKULL TO THIGH

nonnal limits. The neck demonstrates no significant abnormal uptake with symmetric salivary and oropharyngeal activity.

Mildly heterogeneous activity of the liver and spleen is identified, no focal abnormal uptake is seen. Incidental gallstone is noted. The pancreas and bilateral adrenal glands demonstrate no significant abnormal uptake. The retrocrural region and retroperitoneum demonstrate no abnormal uptake. The iliac nodal chain and groin demonstrate no significant abnormal uptake. Physiologic bowel in ureteric activity is identified. There are no suspicious skeletal lesions demonstrated. There is a right hip arthroplasty identified.

[IMPRESSION]

1. Multiple abnormal hypermetabolic lymph nodes are identified throughout the mediastinum and bilateral hilar region. Largest lymph nodes are in the subcarinal region. The SUV max is 7.1. The differential diagnosis includes sarcoidosis, lymphoma, or metastatic lymph nodes.
2. There are small pulmonary nodules identified. There is a 1 cm pleural-based pulmonary nodule in the right lung base, SUV max 2.8. There is a grouping of small pulmonary nodule right middle lobe with some intermediate uptake. A few other small pulmonary nodules are noted. This is nonspecific and likely related to the process in the mediastinum.
3. No significant abnormal uptake is seen within the neck, abdomen or pelvis.
4. If tissue diagnosis is desired, the mediastinal hypometabolic lymph nodes are the best location.

Dictated by Paul Rust,lvlD @Jul 31 2019 8:52AM

Signed by Dr. Paul Rust@Jul 31 2019 8:52AM

Electronically authenticated by:
PAUL RUST



Pulmonary Medicine
Associates

FPC DULUTH - HEALTH SERVICES

8/22/2019

#46661-044

Patient Name: Williams, Damon

Date of Birth: 08/09/1976

MR Number: MS01102740

Acct Number: VC0007489171

cc: Benjamin H Rice, MD~

Pulmonology Progress Note

Date: 08/21/19

Visit Reasons: ABNORMAL DIAGNOSTIC

HPI

HPI

HPI:

8/21/2019

The patient is referred for evaluation of mediastinal and hilar lymphadenopathy.

Mr. Williams is an inmate at a local correctional facility. He had a screening chest ray that showed evidence of mediastinal lymphadenopathy. This was followed up with a chest CT on 7/17/2019 that confirmed bilateral hilar and mediastinal lymphadenopathy, in addition to bilateral pulmonary nodules (see report of chest CT below).

On 7/30/2019 the patient had a PET scan increased uptake in the mediastinal and bilateral hilar lymph nodes with some more moderate uptake in the pulmonary nodules (see report of PET/CT scan in results section below). No other significant abnormal uptake was seen within the neck, abdomen, or pelvis.

The patient is relatively asymptomatic from a respiratory viewpoint. Overall he breathes well and he denies a chronic cough or sputum production. He has noticed some wheezing with exertion. He denies a prior history or diagnosis of asthma. He has been exercising and watching his diet and so he has had some intentional weight loss; he denies any unexpected weight loss. He has not been having any fevers, chills, chest pain, or rash. He denies any new focal aches or pains, or red, hot, or swollen joints. He has noticed some occasional blurring of his vision and floaters.

He has a history of smoking pipes and cigarettes, a total of about 5 to 7 years. His father was diagnosed with lung cancer and died from complications of the disease at age 60. He is not aware of any other family history of chronic lung disease.

Home Medications

lisinopril 40 mg tablet 40 mg PO DAILY 08/21/19 [History Confirmed 08/21/19]

PFSH

PCP: Benjamin H Rice, MD
Report Number: 0821-00326

Patient Name: Williams, Damon
 Date of Birth: 08/09/1976
 MR Number: MS01102740

PFSH:

Medical History (Updated 08/21/19 @ 07:30 by Wayne A Elmer, MD)

Diagnosis unknown (Acute)
 No eCW History

Social History

Smoking Status: Former smoker
how long ago did patient quit smoking: 2017

ROS

| | |
|-------------------|---|
| Systems Reviewed: | Reports 10+ ROS Neg Unless Otherwise Indicated |
| Constitutional: | Reports snoring |
| Eyes: | Reports change in vision |
| ENT: | Reports hearing problems |
| Respiratory: | Reports wheezing |
| Musculoskeletal: | Reports myalgias, arthralgias and muscle weakness |
| Integumentary: | Reports skin changes |
| Neurological: | Reports lightheadedness and headache(s) |
| Psychiatric: | Reports anxiety |

Vital Signs

| | 08/21/19 08:02 |
|-------------------------|-------------------|
| Weight | 104.9 kg |
| Weight (lb) | 231.3 |
| BP | 118/80 |
| Blood Pressure Location | Right Arm |
| Position | Sitting |
| Pulse Rate | 61 |
| Pulse Oximetry (%) | 96 |
| Oxygen Delivery Method | room air |
| Pain Scale (0-10) | 0 |

Exam



Department of Pathology
and
Medical Laboratory
Services
CLIA# 24D0404051

915 East First Street
Duluth, MN 55805
(218) 249-5200

FPC DULUTH - HEALTH SERVICES

12/12/2019

#46661-044

Patient: Williams,Damon DOB: 08/09/1976
Sub Dr: Wayne A Elmer, MD
Lab No: NG19-1279 Location: ENDO.SH
Date Collected: 10/23/19 Date Received: 10/23/19

Unit No: MS01102740
Visit No: VS0005135770

Non-Gyn Cytology Report

Final Diagnosis

A. Lung, right upper lobe, bronchial washings -
No evidence of malignancy

B. Lymph node, subcarinal station 7, fine-needle aspiration biopsy -
No evidence of malignancy
Benign respiratory tract cells and mature lymphocytes
Rare granuloma and multinucleated giant cell identified (see Description)

Steven J. Eastep, M.D./sls

Tissues

A. Bronchial Wash with Block - RUL-30 CC GRAY/CLOUDY
B. Fine Needle Biopsy - STATION 7 LN-18 SLIDES/BLOCK

Order Queries

Clinical Hx S.O.B. R/O SARCOID, PET(+) MED & HILAR LAD

Microscopic Description

A. The smears reveal essentially fewer pulmonary macrophages, some with anthracotic pigment. The cell block preparation, similarly, reveals pulmonary macrophages. There is no evidence of malignancy, and granulomas are not identified.

B. The multiple smears reveal benign respiratory tract cells and sparse leukocytes. Some of the smears reveal mature

Patient: Williams,Damon DOB: 08/09/1976 Unit No: MS01102740
Submit Dr ELMWA
Lab No: NG19-1279 Date Collected: 10/23/19 Location: ENDO SH
Date Received: 10/23/19

Run Date: 10/24/191303]

Page 1 of 2

Patient: Williams,Damon
Submit Dr. Wayne A Elmer, MD
Lab No: NG19-1279
Collected Date: 10/23/19

DOB: 08/09/1976
Location: ENDO.SH
Received Date: 10/23/19

Unit No: MS01102740
Visit No: VS0005135770

Non-Gyn Cytology Report

lymphocytes consistent with sampling of lymph node. Malignant cells are not identified. A rare cluster of cells consistent with a non-caseating granuloma is observed, as well as occasional multinucleated giant cells. The cell block preparation reveals primarily blood and fibrin with sparse benign respiratory tract cells. There is also amorphous-appearing material which may represent necrosis. For further evaluation, special stains (AFB & GMS) are performed and reveal no pathologic fungal or mycobacterial organisms. The finding of sparse granulomas in the specimen are consistent with sarcoidosis but are completely nonspecific with considerations including infection and other inflammatory conditions.

Steven J Eastep, MD
<signature on file>
10/24/19 1303

Patient: Williams,Damon DOB: 08/09/1976 Unit No: MS01102740
Submit Dr: ELMWA
Lab No: NG19-1279 Date Collected: 10/23/19 Location: ENDO.SH
Date Received: 10/23/19

Run Date: 10/24/191303

Page 2 of 2

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

| | | | |
|----------------|-------------------------|-----------|--|
| Inmate Name: | WILLIAMS, DAMON DEANDRE | Reg #: | 46661-044 |
| Date of Birth: | 08/09/1976 | Facility: | DTH |
| Note Date: | <u>10/25/2019 09:02</u> | Provider: | Race:BLACK Rice, Benjamin MD, CD Unit: M03 |

Review Note - Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Rice, Benjamin MD, CD

needs path consult to track tissue sample

New Consultation Requests:

| <u>Consultation/Procedure</u> | <u>Target Date</u> | <u>Scheduled Target Date</u> | <u>Priority</u> | <u>Translator</u> | <u>Language</u> |
|-------------------------------|--------------------|------------------------------|-----------------|-------------------|-----------------|
| Pathology | 11/08/2019 | 11/08/2019 | Routine | No | |
| Subtype: | | | | | |
| Pathology | | | | | |
| Reason for Request: | | | | | |
| EBUS with biopsy | | | | | |
| Provisional Diagnosis: | | | | | |
| <u>sarcoidosis</u> | | | | | |

Copay Required: No **Cosign Required:** No

Telephone/Verbal Order: No

Completed by Rice, Benjamin MD, CD on 10/25/2019 09:03



FPC DULUTH - HEALTH SERVICES

10/30/2019

#46661-044

Patient Name: Williams,Damon
Date of Birth: 08/09/1976
MR Number: MS01102740
Acct Number: VS0005135770

Operative Report

cc: Benjamin H Rice, MD~

Date: 10/25/19

Date of Service

10/23/2019

Preoperative diagnosis: Mediastinal and hilar lymphadenopathy

Postoperative diagnosis: Mediastinal and hilar lymphadenopathy

Procedure: Flexible fiberoptic bronchoscopy with airway inspection, bronchial washings from the right upper lobe, endobronchial ultrasound with transbronchial needle aspiration biopsies of subcarinal lymph nodes

Anesthesia: General

Estimated blood loss: Minimal

Specimens collected: Bronchial washings from the right upper lobe, FNA biopsies of station 7 subcarinal lymph nodes

Complications: None

Condition: Good

Disposition: Discharged to home

History: 43-year-old male found to have mediastinal and hilar lymphadenopathy on a screening chest x-ray and subsequent chest CT. Lymph nodes showed increased uptake on a subsequent PET scan. Patient referred for diagnostic bronchoscopy.

Description of procedure:

The risks, benefits, and alternatives to this procedure were reviewed with the patient and he signed an informed consent. Prior to starting the procedure a time-out was taken to confirm the correct patient, correct procedure, and correct site.

The procedure was performed with the patient under general anesthesia and intubated. The Olympus flexible fiberoptic bronchoscope was introduced through the endotracheal tube and Report Number: 1025-02309

NAME: Williams,Damon

DOB: 08/09/1976

MR #: MS01102740

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

advanced into the trachea. The airways were inspected down to the subsegmental level. The airway exam was unremarkable. The bronchial mucosa looks normal. There is no evidence of active or recent bleeding.

The bronchoscope was positioned in the right upper lobe bronchus and washings were obtained from the right upper lobe and submitted for cultures (bacteria, fungus, and AFB), cell count and differential, and cytology.

After the washings were collected the fiberoptic bronchoscope was withdrawn and the Olympus EBUS scope was introduced through the endotracheal tube. Under ultrasound guidance 12 transbronchial needle aspiration biopsies were obtained from lymph node stations 7. On-site cytology evaluation confirmed that lymphocytes were present in some of the specimens and no obviously malignant cells.

The EBUS scope was then withdrawn and the fiberoptic bronchoscope was reintroduced into the trachea. I again conducted a quick airway exam and confirmed hemostasis following the biopsies. Any residual blood and secretions were suctioned and then the scope was withdrawn. The patient was awakened from anesthesia, extubated, and transferred to the PACU in good condition. There were no complications.

Wayne A Elmer, MD
10/23/19 1511

<Electronically signed by Wayne A Elmer MD> 10/25/19 1937

Report Number: 1025-02309

NAME: Williams,Damon
DOB: 08/09/1976
MR #: MS01102740

10/23/2019

#46661-044



Surgical and Procedural Care-Gastroenterology
Campus Building A- 4th Floor

915 East First Street
Duluth, MN 55805
Tel: 218-249-5437

DISCHARGE INSTRUCTIONS FOR BRONCHOSCOPY

PATIENT ID/MRN : MS01102740 DOB: 8/9/1976 Date: 10/23/2019

PATIENT NAME : Damon Williams

PATIENT ADDRESS: PO Box 3384 CARMEL IN 46082

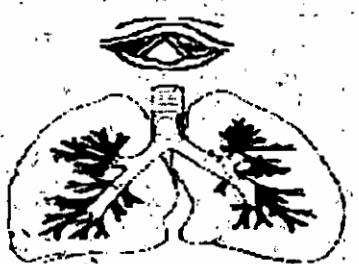


Home Care

- If you had a biopsy, try not to cough or clear your throat.
- Immediately after the procedure, spit out any saliva until your throat is no longer numb.
- If you are a smoker, avoid smoking for 24 hours after your procedure.
- You will probably have a hoarse voice and sore neck and throat for a few days after the bronchoscopy.

Diet

- When your throat muscles are working again, start with sips of water and slowly progress to solid foods.
- Avoid alcohol after your procedure, since you will still have sedatives in your system.
- Eat and drink when your throat muscles are no longer numb.



Physical Activity

- Ask your doctor when you will be able to return to work.
- Do not drive immediately after your procedure. Wait until the sedative has worn off.

Medications

If you had to stop taking medications before the procedure, ask your doctor when you can resume taking them.

Medications that are commonly stopped include:

- Anti-inflammatory drugs (eg, aspirin)
- Blood thinners, such as clopidogrel (Plavix), warfarin (Coumadin), or ticlopidine (Ticlid)
- If your biopsy results show that you have an infection, appropriate antibiotic therapy will be prescribed to you.

If you are taking medications, follow these general guidelines:

- Take your medication as directed. Do not change the amount or the schedule.
- Do not stop taking them without talking to your doctor.
- Do not share them.
- Know what the results and side effects. Report them to your doctor.
- Some drugs can be dangerous when mixed. Talk to a doctor or pharmacist if you are taking more than one drug. This includes over-the-counter medication and herb or dietary supplements.
- Plan ahead for refills so you don't run out.

Lifestyle Changes

You and your doctor will plan lifestyle changes that will aid in your recovery. Some points to keep in mind include:

- If cancer is found, you will be referred to an oncologist, a doctor who specializes in cancer.
- If tuberculosis or another infection is found, antibiotic treatment will be started.

Follow-up

Schedule a follow-up appointment as directed by your doctor. Check with your doctor for your biopsy results, which should be available within a few days after your bronchoscopy. Tuberculosis results can take as long as 6 weeks.

Call Your Doctor If Any of the Following Occurs

Monitor your recovery once you leave the hospital. As soon as you have a problem, alert your doctor.

Possible complications include: bleeding from the biopsy site, a collapsed lung, an irregular heart rate, infection, and chipped teeth due to equipment (rare now due to newer technology).

If any of the following occurs, call your doctor:

- Signs of infection, including fever and chills • Pain that you can't control with the medications you've been given • Cough, shortness of breath, or chest pain • Severe nausea or vomiting
- Coughing up more than a teaspoon of blood • New or increased wheezing • In case of an emergency, call 911 immediately.



Diagnostic Imaging
915 East First Street -- Duluth, MN 55805
Tel: 218-249-5222 -- Fax: 218-249-5112

FPC DULUTH - HEALTH SERVICES

2/6/2020

#46661-044

Patient Name:
DAMON D WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M
Date: 1/30/2020 14:14

At the request of:

ELMER WAYNE

Procedure: CTSCA CT CHEST WO CON

CT CHEST WO CON

INDICATION?

(Pulmonary sarcoidosis.)

TECHNIQUE:

Noncontrast 3 mm axial imaging has been performed through the chest. Sagittal and coronal reconstructions have been obtained.

COMPARISON:

07/17/2019 CT.

FINDINGS:

Soft tissue windows demonstrate a stable 1.5 x 1 cm right paratracheal lymph node. Small left prevascular lymph nodes are identified. Persistent mildly prominent subcarinal lymph node is identified. This measures 2.0 x 1.5 cm. This is unchanged or slightly smaller. Hilar regions are difficult to assess but appears stable when compared to the prior CT. No significant pleural or pericardial fluid is seen. Axillary regions demonstrate small lymph nodes without significant lymphadenopathy.

Lung windows demonstrate a persistent pleural-based nodule right lower lobe measuring 12 x 11 mm, image 73 on series 3. This is unchanged. Grouping of small pulmonary nodules posterior left lung base is identified.

Pleural-based 6 mm nodular density right lung base noted. Grouping of multiple pulmonary nodules in the right middle lobe near the minor fissure, image 55, series 3 is identified and unchanged. Other scattered tiny pulmonary nodules are noted. No interstitial lung disease. No consolidation. No ground-glass density is seen. No pleural fluid is seen.

The upper abdomen demonstrates a gallstone. This is unchanged.

IMPRESSION:

1. Stable noncontrast chest CT.
2. Stable mild lymphadenopathy identified. Largest lymph node in the subcarinal region.

Continued Report - Page 2 of 2

Patient Name:
DAMON D WILLIAMS

MRN: MS01102740 Birth date: 8/09/1976 Sex: M
Date: 1/30/2020 14:14

At the request of:

ELMER WAYNE

Procedure: CTSCA CT CHEST WO CON

3. Multiple pulmonary nodules are identified. The largest is 12 x 11 mm right lower lobe. Findings would be consistent with stable sarcoidosis.
4. No interstitial lung disease. No consolidation or ground-glass density is seen.
5. Incidental gallstone is noted.

Please note that all CT scans at this facility use dose modulation, iterative reconstruction, and/or weight-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Dictated by Paul Rust,MD @ Jan 31 2020 9:00AM

Signed by Dr. Paul Rust @ Jan 31 2020 9:16AM

Electronically authenticated by:
PAUL RUST

**St. Luke's Hospital
CT**

FPC DULUTH - HEALTH SERVICES
2/19/2020
#46661-044

CT CHEST WO CON

INDICATION:

Pulmonary sarcoidosis.

TECHNIQUE:

Noncontrast 3 mm axial imaging has been performed through the chest. Sagittal and coronal reconstructions have been obtained.

COMPARISON:

07/17/2019 CT.

FINDINGS:

Soft tissue windows demonstrate a stable 1.6 x 1 cm right paratracheal lymph node. Small left prevascular lymph nodes are identified. Persistent mildly prominent subcarinal lymph node is identified. This measures 2.0 x 1.5 cm. This is unchanged or slightly smaller. Hilar regions are difficult to assess but appears stable when compared to the prior CT. No significant pleural or pericardial fluid is seen. Axillary regions demonstrate small lymph nodes without significant lymphadenopathy.

Lung windows demonstrate a persistent pleural-based nodule right lower lobe measuring 12 x 11 mm, image 73 on series 3. This is unchanged. Grouping of small pulmonary nodules posterior left lung base is identified. Pleural-based 6 mm nodular density right lung base noted. Grouping of multiple pulmonary nodules in the right middle lobe near the minor fissure, image 55, series 3 is identified and unchanged. Other scattered tiny pulmonary nodules are noted. No interstitial lung disease. No consolidation. No ground-glass density is seen. No pleural fluid is seen.

The upper abdomen demonstrates a gallstone. This is unchanged.

IMPRESSION:

1. Stable noncontrast chest CT.
2. Stable mild lymphadenopathy identified. Largest lymph node in the subcarinal region.
3. Multiple pulmonary nodules are identified. The largest is 12 x 11 mm right lower lobe. Findings would be consistent with stable sarcoidosis.
4. No Interstitial lung disease. No consolidation or ground-glass density is seen.
5. Incidental gallstone is noted.

Please note that all CT scans at this facility use dose modulation, iterative reconstruction, and/or weight-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Dictated by Paul Rust, MD @ Jan 31 2020 9:00AM

Signed by Dr. Paul Rust @ Jan 31 2020 9:16AM

Electronically authenticated by:

PAUL RUST

01/30/20 1414

| | |
|-----------------------------|--|
| ST. LUKE'S - CT Scan | DATE OF EXAM: 01/30/20 NAME: Williams,Damon D. DOB: 08/09/1976 MR #: MS01102740 ACCT #: VS0005253411 DOCTOR: Wayne A Elmer MD |
|-----------------------------|--|



St. Luke's
Pulmonary Medicine
Associates

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740
PCP: Benjamin H Rice, MD

Address: PO Box 3384
 CARMEL, IN 46082
Phone: 800-458-2078

Appointment Date: 11/14/19

Visit Provider: Wayne A Elmer, MD

cc: Benjamin H Rice, MD~

Pulmonology Progress Note

Visit Reasons: F/U Bronchoscopy

HPI

History of Present Illness

11/14/2019

The patient returns to discuss test results.

Damon Williams is an inmate at an area correctional facility. He had a screening chest ray that showed evidence of mediastinal lymphadenopathy. This was further evaluated with a chest CT on 7/17/2019 that confirmed bilateral hilar and mediastinal lymphadenopathy, in addition to multiple bilateral pulmonary nodules (see report of chest CT dated 7/17/2019 below).

On 7/30/2019 the patient had a PET scan that showed increased uptake in the mediastinal and bilateral hilar lymph nodes with some more moderate uptake in the pulmonary nodules (see report of PET/CT scan in results section below). No other significant abnormal uptake was seen within the neck, abdomen, or pelvis.

The patient is relatively asymptomatic from a respiratory viewpoint. He denies shortness of breath or chronic cough. He has not begun having any fevers, chills, chest pain, or rash. He denies any new focal aches or pains, or red, hot, or swollen joints.

He has a history of smoking pipes and cigarettes, a total of about 5 to 7 years. His father was diagnosed with lung cancer and died from complications of the disease at age 60. He is not aware of any other family history of chronic lung disease.

I performed bronchoscopy with EBUS-guided mediastinal lymph node biopsies on 10/23/2019. The patient tolerated the procedure well and there were no complications. The patient presents to review the results of the biopsies. He offers no new complaints today.

Home Medications

- Last Reconciled 11/14/19 by Heidi S Ward, CMA

lisinopril 40 mg PO HS

Allergies

Acct Number: VC0007733695
 Report Number: 1114-00240

Patient Name: Williams, Damon
 Date of Birth: 08/09/1976
 MR Number: MS01102740

St. Luke's Hospital

| | | |
|---------------------------|-------------------------|------------------------|
| Patient: Williams, Damon | DOB: 08/09/1976 | Unit No: MS01102740 |
| Sub Dr: Wayne A Elmer, MD | | Visit No: VS0005135770 |
| Lab No: NG19-1279 | Location: ENDO.SH | |
| Date Collected: 10/23/19 | Date Received: 10/23/19 | |

Non-Gyn Cytology Report

Final Diagnosis

- A. Lung, right upper lobe, bronchial washings -
No evidence of malignancy
- B. Lymph node, subcarinal station 7, fine-needle aspiration biopsy -
No evidence of malignancy
Benign respiratory tract cells and mature lymphocytes
Rare granuloma and multinucleated giant cell identified (see description)

Steven J. Eastep, M.D./sla

Tissues

- A. Bronchial Wash with Block - RUL-30 CC GRAY/CLOUDY
- B. Fine Needle Biopsy - STATION 7 LN-18 SLIDES/BLOCK

Clinical Hx: S/O: B/R/O: SARCOID/PET(±) MED & HILAR LAD

Microscopic Description

- A. The smears reveal essentially fewer pulmonary macrophages, some with anthracotic pigment. The cell block preparation, similarly, reveals pulmonary macrophages. There is no evidence of malignancy, and granulomas are not identified.
- B. The multiple smears reveal benign respiratory tract cells and sparse leukocytes. Some of the smears reveal mature lymphocytes consistent with sampling of lymph node. Malignant cells are not identified. A rare cluster of cells consistent with a non-caseating granuloma is observed, as well as occasional multinucleated giant cells. The cell block preparation reveals primarily blood and fibrin with sparse benign respiratory tract cells. There is also amorphous-appearing material which may represent necrosis. For further evaluation, special stains (AFB & GMS) are performed and reveal no pathologic fungal or mycobacterial organisms. The finding of sparse granulomas in the specimen are consistent with sarcoidosis but are completely nonspecific with considerations including infection and other inflammatory conditions.

Steven J Eastep, MD

=====

St. Luke's Hospital

Name: WILLIAMS, DAMON Birthdate: 8/09/1976
 Acct Number: VC0007733695
 Report Number: 1114-00240

Patient Name: Williams, Damon
 Date of Birth: 08/09/1976
 MR Number: MS01102740

No Known Allergies Allergy (Unverified 10/22/19 14:07)

PFSH

PFSH:

Medical History (Updated 11/14/19 @ 07:12 by Wayne A Elmer, MD)

Cannabis abuse (Acute)
 Essential hypertension (Acute)
 Obesity (Chronic)
 Pulmonary sarcoidosis (Chronic)
 Bronchoscopy/EBUS 10/23/2019
 Tinea pedis (Acute)

Social History (Updated 08/21/19 @ 08:02 by Heidi S Ward, CMA)

Smoking Status: Former smoker
 how long ago did patient quit smoking: 2017

ROS

Systems Reviewed: Reports 10+ ROS Neg Unless Otherwise Indicated

Vital Signs

| | |
|-------------------------|-------------------|
| | 11/14/19 07:56 |
| Height | 6 ft |
| Height (cm) | 182.9 |
| Weight | 102 kg |
| Weight (lb) | 224.9 |
| BMI | 30.4 |
| BSA | 2.24 |
| BP | 128/70 |
| Blood Pressure Location | Right Arm |
| Position | Sitting |
| Pulse Rate | 64 |
| Pulse Oximetry (%) | 97 |
| Oxygen Delivery Method | room air |
| Pain Scale (0-10) | 0 |

Exam

Physical Exam:

Well-developed male, conversing and breathing easily, not in distress.
 He is alert, oriented, mood is neutral, affect is congruent. He appears to be in his usual state of health.

Results

Acct Number: VC0007733895
 Report Number: 1114-00240

Patient Name: Williams,Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

Exam date: 7/17/2019 11:26:22 MRN: MS01102740

PROCEDURE: CT LUNG SCREENING (LOW DOSE)

STUDY DATE: 7/17/2019

COMPARISON: None.

HISTORY: smoker

TECHNIQUE: Multiple contiguous axial images were obtained from the thoracic inlet through the upper abdomen without intravenous contrast enhancement.

FINDINGS:

The heart is normal in size. The aorta is normal in caliber. No mediastinal or axillary lymphadenopathy is identified. Cholelithiasis is identified. There is no CT evidence of cholecystitis. The visualized portions of the unenhanced liver, spleen, pancreas, adrenals, and kidneys are normal. Degenerative changes of the spine are identified. No lytic or blastic lesions are seen.

The lungs are clear. No infiltrate, pleural effusion, or pneumothorax is identified. Numerous pulmonary nodules are identified. In the right lung base, pleural based noncalcified pulmonary nodule is identified measuring 11 mm in size. This is best seen on image 144, series 3. Superior medial to this is a 7 mm noncalcified pulmonary nodule, best seen on Image 135, series 3. More superior to this is a pleural based 3 mm noncalcified pulmonary nodule based seen on image 111, series 3. In the right upper lobe, multiple adjacent pulmonary nodules are identified. The more medial nodule measures 5 mm in size. The lateral nodule appears to be multiple small nodular densities essentially coalesced forming a soft tissue nodular density measuring 1.7 x 0.8 cm in size. This is best seen on Image 103, series 3. Mild emphysematous changes are identified. In the right upper lobe, best seen on image 83, series 3 is a 4 mm noncalcified pulmonary nodule. In the left lower lobe posteriorly, a 7 mm noncalcified pulmonary nodule is identified, best seen on image 153, series 3.

IMPRESSION:

Bilateral noncalcified pulmonary nodules, one of which measures approximately 11 mm in size. The other of which appears to be a coalesced cluster of pulmonary nodules.

LUNG-RADS Category 4 - Suspicious.

Category 4B - Moderate suspicion for malignancy.

RECOMMENDATION:

Chest CT with or without contrast; PET CT and/or tissue sampling depending on the probability of malignancy and comorbidities. PET CT may be used when there is a greater than or equal to 8 mm solid component.

Dictated by: Harting, Kerri on 7/18/2019 at 15:21

St. Luke's Hospital
PetCT LV Building

PET CT SKULL TO THIGH

Acct Number: VC0007739696
Report Number: 1114-00240

Patient Name: Williams, Damon
 Date of Birth: 08/09/1978
 MR Number: MS01102740

STUDY DATE: 7/30/2019

INDICATION: Patient with a history of indeterminate pulmonary nodules. Exam is being performed for staging.

TECHNIQUE: Patient received 9.5 millicuries of 18 FDG (18 fluorodeoxyglucose) intravenously. PET-CT images have been performed from the mid skull to mid thigh level 60 minutes following injection. CT images were obtained for attenuation correction and localization only.

Blood glucose level: 80 mg/dL.

COMPARISON: CT scan dated 07/17/2019.

FINDINGS:

Within the chest there are multiple abnormal hypermetabolic lymph nodes identified. This includes lymph nodes along the right paratracheal region, subcarinal region, bilateral hilar region. The largest lymph nodes are in the subcarinal region which are nearly contiguous. The combined measurement is 4.8 x 1.2 cm. The SUV max is 7.1. The right hilum demonstrates a 1.8 cm lymph node with a SUV max of 6.3. The left hilum demonstrates a 1.2 cm lymph node with a SUV max of 5.7. The right paratracheal lymph node demonstrates a 1 cm lymph node with a SUV max of 6.4. Anterior right mediastinal lymph node is identified which is sub centimeter in size with a SUV max of 4.4. The lungs demonstrate a grouping of multiple small pulmonary nodules anteriorly in the right middle lobe, image 108. The SUV max is 1.7. There is a pleural-based nodule at approximate 1 cm in the right lung base with an SUV max of both 2.8. There is a central infrahilar nodule identified on the right which is sub cm in size with an SUV max of 3.5. There is a small pulmonary nodule in the left lung base image #122 which is approximately 4-5 mm in size. The SUV max is 2.1. The other described pulmonary nodules are not well seen by today's PET-CT. No other significant abnormal uptake is seen within the lungs. The axillary regions are within normal limits. The neck demonstrates no significant abnormal uptake with symmetric salivary and oropharyngeal activity. Mildly heterogeneous activity of the liver and spleen is identified, no focal abnormal uptake is seen. Incidental gallstone is noted. The pancreas and bilateral adrenal glands demonstrate no significant abnormal uptake. The retrocrural region and retroperitoneum demonstrate no abnormal uptake. The iliac nodal chain and groin demonstrate no significant abnormal uptake. Physiologic bowel in ureteric activity is identified. There are no suspicious skeletal lesions demonstrated. There is a right hip arthroplasty identified.

IMPRESSION:

1. Multiple abnormal hypermetabolic lymph nodes are identified throughout the mediastinum and bilateral hilar region. Largest lymph nodes are in the subcarinal region. The SUV max is 7.1. The differential diagnosis includes sarcoidosis, lymphoma, or metastatic lymph nodes.
2. There are small pulmonary nodules identified. There is a 1 cm pleural-based pulmonary nodule in the right lung base, SUV max 2.8. There is a grouping of small pulmonary nodule right middle lobe with some intermediate uptake. A some other small pulmonary nodules are noted. This is nonspecific and likely related to the process in the mediastinum.
3. No significant abnormal uptake is seen within the neck, abdomen or pelvis.
4. If tissue diagnosis is desired, the mediastinal hypermetabolic lymph nodes are the best location.

Dictated by Paul Rust, MD @ Jul 31 2019 8:52AM

A&P

Assessment & Plan

(1) Pulmonary sarcoidosis:
 Status: Chronic

Acct Number: VC0007733695

Report Number: 1114-00240

Patient Name: Williams, Damon
Date of Birth: 08/09/1976
MR Number: MS01102740

Code(s):
D86.0 - Sarcoidosis of lung

I interviewed the patient. We reviewed and discussed the results of his lymph node biopsies which are most consistent with a diagnosis of sarcoidosis. There is no evidence of malignancy.

My impression is that the sarcoidosis may already be starting to resolve as there was scant evidence of granulomatous inflammation.

The patient is asymptomatic from a respiratory viewpoint. There is no evidence of end-organ damage and therefore no clear indication for treatment with corticosteroids. I recommend watchful waiting, with a repeat chest CT in 1 year. I recommend earlier evaluation if the patient develops any new, worrisome symptoms such as persistent dry cough or shortness of breath.

I addressed all of his questions as morning and invited him to follow up as required.

Orders: Orders:
CT chest w/o con 02/03/20

Wayne A Elmer, MD
11/14/19 0710
<Electronically signed by Wayne A Elmer MD> 11/14/19 0828

Acct Number: VC0007733695
Report Number: 1114-00240

**Bureau of Prisons
Health Services
Cosign/Review**

| | | | |
|----------------|-------------------------|-----------|-----------|
| Inmate Name: | WILLIAMS, DAMON DEANDRE | Reg #: | 46661-044 |
| Date of Birth: | 08/09/1976 | Sex: | M |
| Scanned Date: | 02/19/2020 09:52 EST | Race: | BLACK |
| | | Facility: | DTH |

Reviewed with New Encounter Note by Rice, Benjamin MD, CD on 02/24/2020 13:56.

**Bureau of Prisons
Health Services
Medication Summary
Historical**

| | | |
|--|-------------------------------|-----------------------------|
| Complex: DTH--DULUTH FPC | Begin Date: 01/01/2020 | End Date: 12/31/2020 |
| Inmate: WILLIAMS, DAMON DEANDRE | Reg #: 46661-044 | Quarter: M03-201U |

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

HydroCHLORothiazide.25.MG-Tab

Take one tablet (25 MG) by mouth each morning

Rx#: 31824-YAN **Doctor:** Rice, Benjamin MD, CD

Start: 10/31/19 **Exp:** 10/30/20 **D/C:** 01/02/20 **Pharmacy Dispensings:** 60 TAB in 151 days

Lisinopril.40.MG.Tab

Take one tablet (40 MG) by mouth at bedtime daily

Rx#: 31825-YAN **Doctor:** Rice, Benjamin MD, CD

Start: 10/31/19 **Exp:** 10/30/20 **D/C:** 01/02/20 **Pharmacy Dispensings:** 60 TAB in 151 days

Lisinopril.20.MG.Tab

Take one tablet (20 MG) by mouth each day (WITH A 40mg Lisinopril for total of 60mg)

Rx#: 87720-DTH **Doctor:** Peterson, Ashley FNP-BC

Start: 01/02/20 **Exp:** 01/01/21 **D/C:** 02/13/20 **Pharmacy Dispensings:** 30 TAB in 88 days

Lisinopril.40.MG.Tab

Take one tablet (40 MG) by mouth each day (WITH A 20mg Lisinopril for a total of 40m)

Rx#: 87721-DTH **Doctor:** Rice, Benjamin MD, CD

Start: 01/02/20 **Exp:** 01/01/21 **D/C:** 02/13/20 **Pharmacy Dispensings:** 30 TAB in 88 days

Lisinopril.40.MG.Tab

Take one tablet (40 MG) by mouth each evening ***pill line***

Rx#: 88114-DTH **Doctor:** Pykkonen, Lori NP

Start: 02/13/20 **Exp:** 08/11/20 **D/C:** 03/17/20 **Pharmacy Dispensings:** 33 TAB in 46 days

Lisinopril.20.MG.Tab

Take one tablet (20 MG) by mouth each morning ***pill line***

Rx#: 88115-DTH **Doctor:** Pykkonen, Lori NP

Start: 02/13/20 **Exp:** 08/11/20 **D/C:** 03/17/20 **Pharmacy Dispensings:** 60 TAB in 46 days

Lisinopril.20.MG.Tab

Take one tablet (20 MG) by mouth each morning

Rx#: 88528-DTH **Doctor:** Peterson, Ashley FNP-BC

Start: 03/17/20 **Exp:** 09/13/20 **Pharmacy Dispensings:** 30 TAB in 13 days

| | | |
|--|-------------------------------|-----------------------------|
| Complex: DTH--DULUTH FPC | Begin Date: 01/01/2020 | End Date: 12/31/2020 |
| Inmate: WILLIAMS, DAMON DEANDRE | Reg #: 46661-044 | Quarter: M03-201U |

Active Prescriptions

Lisinopril 40 MG Tab

Take one tablet (40 MG) by mouth each evening

Rx#: 88529-DTH Doctor: Peterson, Ashley FNP-BC

Start: 03/17/20 Exp: 09/13/20

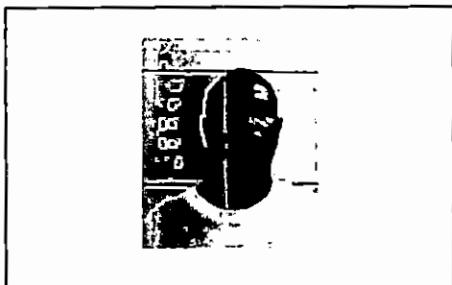
Pharmacy Dispensings: 30 TAB in 13 days

M DORM

BP-A0291 FURLough APPLICATION - APPROVAL AND RECORD CDFRM JAN 11
U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

| | | | |
|---|---|--|---|
| Inmate's Name WILLIAMS, DAMON DEANDRE | Register No 46661-044 | Institution FPC DULUTH | |
| APPLICATION | | | |
| Purpose of Visit CT SCAN | Sentry Assignment FURL MED | Date and Time Departure 1/30/2020 @1300/1330 | Date and Time Return 1/30/2020 UPON COMPLETION |
| Address GT. LUKE'S - RADIOLOGY 915 E 1ST ST, DULUTH MN 55805. | | | |
| Telephone No. (Including Area Code) 218-786-4000 | | | |
| Point of Contact for FPC: B. EKROOT, 218-722-8634 | Method of Transportation Gov. vehicle(inmate driver) | Detainer/Pending Charges None Known | Verified by (ISM SGN) CHARLES MUDGE Digitally signed by CHARLES MUDGE Date: 2020.01.29 01:05:51 -06'00' |
| NOTE TO APPLICANT: You are reminded that should any unusual circumstances arise during the period of your visit, you should notify the institution immediately at telephone: (218)722-8634 HXT 0 | | | |
| UNDERSTANDING | | | |
| <p>I understand that if approved, I am authorized to be only in the area of the destination shown above and at ordinary stopovers or points on a direct route to or from that destination. I understand that my furlough only extends the limits of my confinement and that I remain in the custody of the Attorney General of the United States. If I fail to remain within the extended limits of this confinement, it shall be deemed as escape from the custody of the Attorney General, punishable as provided in Section 751 of Title 18, United States Code. I understand that I may be thoroughly searched upon my return to the institution and that I will be held responsible for any item of contraband or illicit material that is found. I have read or had read to me, and I understand that the foregoing conditions govern my furlough, and will abide by them. I have read or had read to me, and I understand the CONDITIONS OF FURLough as set forth on the reverse of this form.</p> | | | |
| <i>C. Warren</i> | | <i>D. L. Warren</i> | |
| Signature of Applicant | | | |
| Witness _____ | | | |
| ADMINISTRATIVE ACTION | | | |
| Information Verified by | Title | | |
| Name Of USPO Notified | Date of Notification | | |
| Does USPO Have Any Objections to Furlough? (If so, explain) | | | |
| APPROVAL | | | |
| Approval for the above named Inmate to leave the Institution on a furlough as outlined is hereby granted in accordance with P.L. 93-209 and the BOP Furlough Program Statement. The period of furlough is from 1/30/2020 @ 1300/1330 to UPON COMPLETION | <p>As CMC, I have reviewed the Request for Activity Clearance (404) and the SENTRY CIM Clearance and Separatee Data and I recommend the inmate be approved to participate in this furlough.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Signature of CMC</p> | | |
| NICOLE FINCKLER | | Digitally signed by NICOLE FINCKLER Date: 2020.01.29 08:41:50 -06'00' | |
| Chief Executive Officer (Name & Date) - Approval and signature certifies CIMS Clearance | | | |
| <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Disapproval Reason(s) for disapproval: B. BIRKHOLZ, WARDEN | | Digitally signed by BRYAN BIRKHOLZ Date: 2020.01.29 14:27:29 -06'00' | |
| RECORD | | | |
| Date/Time Released: | Date/Time Returned: | | |
| Travel Schedule: <u>Leave with the inmate driver, return when Control is notified that the appointment is over.</u> | | | |

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46661-044

Inmate's Photo

Conditions of Furlough

- (a) An inmate who violates the conditions of a furlough may be considered an escapee under 18 U.S.C. §4082 or 18 U.S.C. § 751, and may be subject to criminal prosecution and institution disciplinary action.
- (b) A furlough will only be approved if an inmate agrees to the following conditions and understands that, while on furlough, he/she:
 - (1) Remains in the legal custody of the U.S. Attorney General, in service of a term of imprisonment;
 - (2) Is subject to prosecution for escape if he/she fails to return to the institution at the designated time;
 - (3) Is subject to institution disciplinary action, arrest, and criminal prosecution for violating any conditions(s) of the furlough;
 - (4) May be thoroughly searched and given a urinalysis, breathalyzer, and other comparable test, during the furlough or upon return to the institution, and must pre-authorize the cost of such test(s) if the inmate or family members are paying the other costs of the furlough. The inmate must preauthorize all testing fee(s) to be withdrawn directly from his/her inmate deposit fund account;
 - (5) Must contact the institution (or United States Probation Officer) in the event of arrest, or any other serious difficulty or illness; and
 - (6) Must comply with any other special instructions given by the institution.

Special Instructions:

1. Telephone access is not authorized without the approval of the Federal Prison Camp staff.
2. Visitation is not authorized without the approval of the Federal Prison Camp staff.
3. No socialization with general public is permitted.
4. Partaking in free beverage/food areas is not allowed

It has been determined that consumption of poppy seeds may cause a positive drug test which may result in disciplinary action. As a condition of my participation in community programs, I will not consume any poppy seeds or items containing poppy seeds. (Note: Additional conditions may be added to Special Instructions as warranted).

- (c) While, on furlough, the inmate must not:
 - (1) Violate the laws of any jurisdiction (federal, state, or local);
 - (2) Leave the area of his/her furlough without permission, except for traveling to the furlough destination, and returning to the institution;
 - (3) Purchase, sell, possess, use, consume, or administer any narcotic drugs, marijuana, alcohol, or intoxicants in any form, or frequent any place where such articles are unlawfully sold, dispensed, used, or given away;
 - (4) Use medication that is not prescribed and given to the inmate by the institution medical department or a licensed physician;
 - (5) Have any medical/dental/surgical/psychiatric treatment without staff's written permission, unless there is an emergency. Upon return to the institution, the inmate must notify institution staff if he/she received any prescribed medication or treatment in the community for an emergency;
 - (6) Possess any firearm or other dangerous weapon;
 - (7) Get married, sign any legal papers, contracts, loan applications, or conduct any business without staff's written permission;
 - (8) Associate with persons having a criminal record or with persons who the inmate knows to be engaged in illegal activities without staff's written permission;
 - (9) Drive a motor vehicle without staff's written permission, which can only be obtained if the inmate has proof of a currently valid driver's license and proof of appropriate insurance; or
 - (10) Return from furlough with anything the inmate did not take out with him/her (for example; clothing, jewelry, or books)

I have read, or had read to me, and I understand the above conditions concerning my furlough and agree to abide by them.

Inmate's Signature: Darren Cason Reg. No: 46661-044 Date: 1/28/2020

Signature/Printed Name of Staff Witness: C. Warren, C. WARREN
HEALTH SVCS ASST

Record Copy - Inmate Central File; Copy - Control Center, Chief Correctional Services Department, Inmate Use on Furlough

RELEASE PLAN FOR DAMON D. WILLIAMS

1. Proposed release address: 921 Marias Drive, North County, MO 63137.
2. Name of whom I will be residing with: Carlisha Payton.
3. Relationship: Significant other.
4. Type of residence: Ranch style, single family house.
5. Do the people you will be residing with have any Covid-19 related risks that are aware of? NO.
6. A telephone number at the residence: 314-885-2522.
7. Is there a "no-frills" telephone line at the residence, i.e., no call-waiting, which is a landline phone? YES.

Relevant Minimum Requirement For Placement Into Home Confinement Due to Covid-19:

1. Primary offense is non-violent: YES.
2. Primary offense is not terrorism? YES.
3. Have no detainers: YES.
4. PATTERN risk score is Minimum: YES.
5. No incident reports within the last 12 months? YES.
6. Have served 50% of sentence: NO, 43%.

Additionally, I have written out a complete Reentry Plan below, which includes numerous categories with various details of my overall plan for reentering society.

Purpose: The purpose of this reentry plan is to demonstrate that I am fully prepared to be released back into the community. That I have prepared every aspect of my life so as to have a smooth reentry back into society. Each detail as described herein can be independently verified as being accurate and truthful.

Background: My background leading up to my time of imprisonment is filled with a long history of employment and security when released back into society, will be easily accomplished as I am able to do a large variety of jobs in order to financially take care of myself, and my family, as will be described in this Reentry Plan.

Family Ties: I have maintained daily contact with my significant other and my children for the full 3 1/2 years that I have been incarcerated. My significant other is a trained CNA and has been for more than 20 years. My oldest daughter is a stay at home mother, my second daughter is working full time and attending college full time as well, my 11 year old is still in school and stays with her mother.

Economic Means: Currently, after being in prison for 3 1/2 years, I have no income and limited savings. Even with that in mind, I have kept my financial obligations current with my payments to the BOP on a quarterly basis and am in good standing.

Upon release from prison, I will immediately obtain employment. I have multiple talents and skills and will have no problem finding employment in the area of country where I plan to be released, St. Louis, MO.

Release to the Community: My release address will be to a single family home available to me for me and my family for a reasonable monthly rate.

St. Louis, Missouri, has every kind of business, restaurant, and other companies that provide thousands of job opportunities for me to earn an income in order to support my family.

The average income in the part of St. Louis where I will be working is around \$55,000, of which I will be able to find employment almost immediately upon release from prison.

Surrounding Communities: St. Louis is known for it's "big city feel", as most of the city is bustling with business activity. The area of St. Louis, where I will reside will provide me with numerous opportunities to better my situation.

Employment Possibilities: The employment opportunities for me in St. Louis, are many. I will have no issues securing employment upon my release from prison.

Economic Analysis: My projected recurring expenses will be (at least initially), monthly:

| | | | | |
|-----------------|---------------------|-----------------|---------------------------|---------------------------|
| *Rent \$700. | *Utilities \$70. | *Food \$250. | *Transportation \$250. | *Phone expenses \$300. |
|-----------------|---------------------|-----------------|---------------------------|---------------------------|

*Total = \$1,570.

My projected one-time, non-recurring expenses will be (monthly):

| | | | |
|-----------------------------------|---------------------|---------------------------|------------------|
| *Initial phone purchase \$100. | *Clothing \$300. | *Computer purchase n/a | *Misc. \$500. |
|-----------------------------------|---------------------|---------------------------|------------------|

* Total = \$900.

*Based on an average line of work, my estimated base income will be \$1,100./wk. or \$4,400./month.

Summary: I am 43 years ole, well experienced with all variety of work history, a responsible individual and can acclimate into any new environment rather easily. It is reasonable to say that I will be able to find employment very soon upon my release from prison, earn sufficient income to take care of my various responsibilities, while being reunited with my significant other and children.

Upon release, I will faithfully obey the rules of Home Confinement, as ordered by the Probation Department.

I am fully prepared to be released back into society and to begin a new life once again.

Respectfully,

Damon D. Williams
Damon D. Williams
Federal Prison Camp- Duluth
P.O. Box 1000
Duluth, MN 55814-1000

5-31-2020
Date.

RE: Damon Williams

MARCH 1, 2018

TO: Judge

3-1-2018 this is the letter I address the court with on my sentencing date. Thanks, your honor and the court for a moment to speak.

This event did occur on September 27, 2014, as laid out in the police report and discovery, also relavent to this date is the day of Aug. 9, 2014, which is also my birthday. As all from St. Louis is familiar with the Fergerson and MIke Brown office involved shooting. As for many businesses in the area have experience, I to were working just a block from the vicinity of this occurrence, renovating an investment property,(myself and a business partner), by the end of that day and the many that followed stretching past the occurrence date of the current conviction. I witnessed the unstableness of speculators and many appearing to be protestors. The area deterioration (enormity!) on the streets as well as in front of the property we were Renovating(Enmasses). As I was met with a deadline on the project coming fast and while dealing patiently with a immobile group who were taking a civil position and some decided to renounce Authority Ravish business owners around the area, and I happen to be just one of the business owners who had generated a tizzies,

(Reaction, distracted state of mind) which lead to repercussions of events. (AS), *charge with Felon in Possession* *Foreclosure of Assets* *The Dissolution and Cancellation of the Company I worked for* *The default on liabilities (bills and credit*, No longer a member of being productive to society. Very importantly personally having to separate from family.

I do recognize that I didn't make an intelligent decision and I apologize to my family and to society. (strongly!) I do have confidence and respect for our laws.

I would devote myself to my family and community as a law abiding citizen and role model going forward.

While in custody of BOP I'll do my job and find time to make preparations to systemic training and position myself to be knowledgeable on concepts as culture, business corporations, even accounting,, some engineering to build and operate engines, to be able to operate and discuss business. I may or hope to spend time in establishments in undergoing apprenticeship without pay and I rejoice to have the opportunity to learn how to do things and hopefully position myself to make preparations to Graduate from business school an institution in society, receive a Certificate from the BOP or both. Emphasizing the appreciation on experience and knowledge and wish to be an example to family and community from this situation to promote deterrence to criminal conduct.

After I have served my sentence, while my family will have had to continue to work and work together, I will be effective in the progression of my families network, develop a professional network, be generous to family and community, in addition to

community service. While respecting myself and the laws of the country, thriving to be an acheiver, progressor and maybe innovative, from the outcome of character that may have an positive influence on family and a desirable influence on the community.

I would like to thank the courts for genuinely looking at the circumstance of this case, and in the eyes of justice on imposing a sentence.

/ /

Signed: Damon Williams

Damon Williams
FPC Duluth
P . O . BOX 1000
Duluth, MN 55814

Damon Williams, 46661-044
Federal Prison Camp- Duluth
P.O. Box 1000
Duluth, MN 55814-1000



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Courtclerk John-Ross
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